RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Spring Oaks
7251 Grove Rd
Brooksville, FL 34613

RE: CCR #2016007342

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by representative(s) of this office.

Enclosed is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Chuck Bory at 386-462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

KJM/CB
Enclosure
XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966595	09/08/2016
NAME OF PROVIDER OR SUPPLIER **SPRING OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7251 GROVE RD** **BROOKSVILLE, FL 34613**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On , an unannounced complaint survey (CCR #2016007342) was conducted at Spring Oaks Assisted Living Facility (License #10763). Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to obtain omitted information and ensure accuracy on a Resident Health Assessment (AHCA Form 1823) for 1 of 1 residents (Resident #4).

Findings:

On , a record review was conducted on Resident #4's 1823 health assessment dated, . It was observed to be missing the following information:

Page 1.
Resident date of birth
Facility Address, Facility Telephone number, Contact Person
Section 1: Height and weight
Page 2.
Activities of Daily Living requiring supervision: ambulation (missing comments), bathing (missing comments), dressing (missing comments), toileting (missing comments), transferring (missing comments)
Page 3.
Ability to Perform Self-Care Tasks requiring supervision: preparing meals (missing comments), shopping (missing comments), handling personal affairs (missing comments)
Page 4.
The medications page is blank with no attached medication reconciliation as indicated.
Does the individual need help with taking his or her medications? This is not marked.

Page 5.
Section 3: Services offered or arranged by the facility for the resident. This is blank, but signed by the administrator.

On at 4:20 PM, an interview was conducted with the Wellness Director who confirmed all blank pages. She stated, "I've had this fight with him before (the doctor)."

Class III

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0030 Resident Care - Rights & Facility Procedures

Based on interview and record review, the facility failed to demonstrate implementation of the grievance policy for 1 of 8 residents reviewed (Resident #4); and, based on observation and interview, the facility failed to ensure resident rights, specifically resident personal dignity for 2 of 8 resident reviewed (Resident #5 and #6).

Findings:

1.) On at 10:58 AM, an interview was conducted with Resident #4. She reported $160 was stolen from her by a man that worked at night. She reported the man was caught and was because he stole jewelry from a memory care resident, and she thinks he is doing time. She reported her money was stolen and the jewelry was stolen about 4-5 months ago at the same time. She stated that she reported her missing money to the Wellness Director. She reported the facility just took the complaint but she never got her money back. She reported the issue was not resolved. She stated, "It was reported, and that was it." She reported she was shocked because nothing like that has ever happened. She reported she had that much money because she was waiting to purchase some new shoes. She reported he worked night shift and came in while she was sleeping. She reported they are always short-handed on all shifts, mostly evenings. She reported she has told the Wellness Director that she wants showers more often, but has trouble getting 2 showers. When the Wellness Director is not here, she reported the Memory Care Program Director knows about it too. She reported she does have to sit in her soiled pull up. She reported it happens all the time. She stated, "It's just one of those things." She reported sometimes they take too long when she calls. She reported this occurs often. At night time, she reported that her brief is not changed until the morning. Resident #4 reported, "Every month we run out of pull ups and wipes." She reported when she runs out (pull ups), the staff go looking around, and reported they just show up with a handful of them. She reported it's annoying and confirmed she runs out every single month.

On , a record review of the Resident Council Meeting Minutes dated at 2:07 PM revealed Resident #4 did in fact express, "bells are ringing too long." Resident #4 and another resident expressed, "it depends on the time of day." Further review of the Resident Council Meeting Minutes dated / / at 1:58 PM revealed Resident #4 did in fact express, "Every month they are short supplies. ...they don't order enough supplies ...the ordering is not correct."

On , a record review was conducted of the grievance book as provided by the Administrator. It revealed no grievance form for Resident #4's lost money ($160) that was reported to The Wellness Director. It revealed no grievance form for Resident #4's shortage of incontinence supplies as expressed in the Resident Council Meeting. It revealed no grievance form for Resident #4 waiting too

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long for assistance with incontinence care and (Activities of Daily Living) ADL care as expressed in the Resident Council Meeting. Further review of the grievance book revealed the last documented grievance of record was dated . There were no documented grievance forms completed in 2016.

On , a record review of the grievance policy revealed residents are encouraged to discuss complaints/grievances with a staff person or the Executive Director (ED) at any time in an attempt to resolve the issue informally. Further review of the Complaint-Grievance Policy as provided by the Administrator (Executive Director) revealed Complaints/Expressed at the Resident Council meetings are brought by the chair of the Council, or his/her designee, to the Executive Director for resolution. The Executive Director's as to complaint/grievance process includes:

A. ED then is charged with implementing the corrective action plan to address the complaint/grievance.

B. ED provides follow up with Resident/Responsible party as to what actions have been taken to resolve the complaint/grievance.

C. If ED is unable to resolve the complaint/grievance, the ED will provide agency contact information to the Resident/Responsible party.

On at 3:30 PM, an interview was conducted with the Wellness Director who reported the grievance process depends on what the issue is. She reported, "Whatever the issue is, we deal with it." She reported minor complaints are addressed and fixed. She denied that they write them on paper.

On at 3:33 PM an interview was conducted with the ED. She reported she does not believe that the facility has had a grievance that needed to be written. She reported problems are addressed at the time. She reported the last missing items were , 2016 and she reported they were expensive items such as jewelry. She reported the police were called and the aide was . It was confirmed with the ED that no grievances/concerns have been logged since 2015. At 3:42 PM, the ED reported the facility did not call the police, the family called the police regarding the theft of the jewelry. She further denied completing an adverse incident for the police involvement. She confirmed the theft involved 2 residents. She reported it was only jewelry that was missing. The ED denied completing a grievance and stated it seems punitive (filling out a piece of paper).

2.) On at 8:46 AM, an observation was made of Resident #5 in A. Resident #5 was observed lying on a plastic mattress cover sleeping. There were no sheets observed on the bed. The observation was confirmed with the Memory Care Program Director.

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On at 8:48 AM, the Executive Director (ED) observed Resident #5 laying on a plastic mattress cover with no bed sheets. The ED stated, "That's a no, no." The ED went to the Memory Care Program Director (who was already aware) in the dining informed her of the observation.

On at 9:01 AM, an observation was made of Resident #6 in A. Resident #6 was observed lying on a bed sleeping with no sheets, with only the plastic mattress cover. The resident was lying with his face down on the foot of the bed. His pillows were observed on the floor.

On at 9:07 AM the Memory Care Program Director confirmed the observation. She went to resident and encouraged him to get out of the bed.

Class III