STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968413	11/02/2016
NAME OF PROVIDER OR SUPPLIER **PLANTATION OAKS SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **9309 S ORANGE BLOSSOM TRAIL** **ORLANDO, FL 32837**	

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

0000 Initial Comments

On 11/02/2016 a re-licensure survey was conducted at Plantation Oaks Senior Living, License #12300. There were deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure a resident health assessment (AHCA 1823) had all required information for 1 out of 2 sampled residents (R11).
Findings:
Resident#11's record review revealed a health assessment (AHCA 1823) dated I/ . The resident was admitted on I/ with diagnoses included but were not limited to , , and . The health assessment did not have instructions for diet.

On I/ at 2:00 p.m. the resident care supervisor was informed about the missing information. She acknowledged it.

Class III

0083 Training - First Aid and

Based on personnel record review and interview the facility failed to ensure that 1 of 4 sampled staff (B) had First Aid certification offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.

Findings:
Personnel record review for Staff B revealed a First Aid certification card from an Internet training site. There was no evidence to confirm she obtained First Aid from an approved provider or accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.
In an interview with the resident care supervisor on I/ at 2 PM who said there only needed to be one staff with First and in the facility at all times.
Class III

0086 Training - ADRD

Based on observations, record review and interview the facility failed to ensure 1 of 4 staff (B) had

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SUMMARY STATEMENT OF DEFICIENCIES
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completed training in and Related (Level I).
Findings:
Observations during the facility tour on / at 10 AM noted the facility maintained a secured memory care unit that had an elevator door that required a code to enter and exit.
In an interview with staff B on / at 11:45 AM who stated she also cared for the residents who lived in the secure memory care unit.
Personnel record review revealed no evidence to confirm she attended up to 4 hours of initial -specific training entitled " and Related Level I Training". The training must be completed within 3 months after beginning employment. The review revealed a certificate dated / that indicated contact 15 hours (continuing education).
In an interview with the marketing director on 11/ at 2 PM who provided the certificate dated / that indicated contact 15 hours (continuing education). He then added that probably that certificate was accepted in place of the and Related Level I Training.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Plantation Oaks Senior Living
9309 S Orange Blossom Trail
Orlando, FL 32837

RE: Re-licensure survey

Dear Administrator:

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

Attached 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

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