

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/17/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968413	(X3) DATE SURVEY COMPLETED 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 11/02/2016. The resident was admitted on 11/02/2016 with diagnoses included but were not limited to [redacted], and [redacted]. The health assessment did not have instructions for diet.

On 11/02/2016 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 [redacted] 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 [redacted] Association, or National Safety Council; or a provider approved by the Department of Health.

In an interview with the resident care supervisor on 11/02/2016 at 2 PM who said there only needed to be one staff with First Aid [redacted] 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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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 ____ / ____ 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.

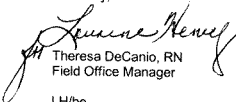
Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than

, 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

