STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965667	12/09/2016
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT GREENACRES**	STREET ADDRESS, CITY, STATE, ZIP CODE **3400 JOG RD** **GREENACRES, FL 33467**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2016011566 and CCR#2016011921,was conducted on 12/7/16-12/9/16 at Arbor Oaks at Greenacres (License # 9996) . The facility had a deficiency identified at the time of the investigation.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review and interview, the facility failed to ensure residents were provided a safe and decent living environment, for 5 of 5 (Resident #1, 2, 3, 4 and 5) residents' records reviewed. As evidenced by facility failure to monitor the onset of and implement steps and procedures to prevent the spread (from 2016 to 2016) and to actively rectifying the situation.

The findings include:

1) Resident #1 was originally admitted to the facility on , his diagnosis includes: , murmur, D deficiency, and .
A review of Resident #1 ' s observation log revealed the following:
a) Resident seen by Dermatologist, Cream to .
b) / Resident complaining of itching, redness noted spoke to physician phone order received for .
c) Resident seen by Dermatologist order received for Cream, X 2 weeks.
d) / Resident is on for itching
e) / Continues on still has and itching to lower back and .
f) Resident seen by Dermatologist, to right hip performed
g) / new order received and noted for cream.
h) / Resident kept in . cream applied, first dose
i) / / Resident showed in the AM, complaining of itching this shift.
j) order received for Cream as needed for itching, called wife, she is aware.
k) Cream applied, per wife she will take Resident to PCP tomorrow.
A review of the lab report dated reveals there is focal parakeratosis. Within upper epidermis there is sarcoptic mite underlying the stratum corneum, there is superficial lymphocytic infiltrate with scattered eosinophils.

2) Resident #2 was admitted to the facility on / her diagnosis includes: , , a-fib, , Chronic 's, gait disturbance, , , and .
Review of Resident #2's observation log revealed the following:
a) / 4 PM seen by Dermatologist, agree to give Hydrozidine Q 8H PRN

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965667	12/09/2016
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT GREENACRES**	STREET ADDRESS, CITY, STATE, ZIP CODE **3400 JOG RD** **GREENACRES, FL 33467**	

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

b) 8PM given
c) 9/6/16 seen by dermatologist, order received.
d) 10/17/16 Seen by Dermatologist, scraping completed no new orders at this time.
e) 10/31/16 seen by dermatologist -received order for Lacemdrin 12% cream apply to arms, legs .
f) / order received for 25mg as needed for itching once daily in AM.
g) / / Returned from dermatologist with Cream
h) / / Lab results received, order received faxed to pharmacy and Dr.
i) / 3 MG given today in AM, Resident stayed in
) / persists, Cream applied, given.
Labs reviewed as follows: / - A back- superficial and lichenoid consistent with scabetic infestation; 2 specimens. left upper arm:(1) Scabetic infestation and (2) Significant , and lichenoid consistent with scabetic infestation

3) Resident #3 was admitted to the facility on / his diagnosis includes: ' , 's, Parkinson ' s, and .
A review of the Resident #3's observation log revealed the following.
a) Resident seen by Dermatologist order received for Cream
b) / Resident seen by Dermatologist new order received.
c) / Resident seen by Dermatologist, order received for cream once at HS repeats in 1 week. TAC cream for itching X 2 weeks.
d) / spoke to family about residents continuous itching, advised to have resident seen by dermatologist.
e) / resident complaining of itching, received order for 20 MG x 15 days.
f) / TAC cream applied, started.
g) / - 1st dose of applied, resident to be showered in AM, bed linens and clothes to be washed.
h) / / Dermatologist aware that resident washed off , New order received for 3 mg 5 tablets to be taken in the AM
i) / given this AM,
j) A review of the Monthly assessment forms as follows: / - Resident complaining of itching, order received for cream, Cream, / - Received Treatment 2 times, each time did not leave cream on till morning, took shower, / applied / / resident washed it off, / ordered and on / / given, Cream applied.
k) A review of the Lab report dated / / revealed: Diagnosis A- superficial , B- infestation;Comment- mites are well visualized, C- Epidermal erosion with acutely crust.
4) Resident #4 was admitted to the facility on / her diagnosis includes: , and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965667	12/09/2016
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT GREENACRES**	STREET ADDRESS, CITY, STATE, ZIP CODE **3400 JOG RD** **GREENACRES, FL 33467**	

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

hype
A review of Resident #4's observation log revealed the following:
a) / - seen by dermatologist, orders for , Dermatologist spoke to daughter. applied this shift.
b) A review of the Medication observation record for 2016 reveals: 5% cream chin to toes repeat in 1 week, marked as given. Cream 0.1 % apply to trunk, arms and legs X 30 days marked as applied / - /
c) A review of the Medication observation record for 2016 revealed: 5% cream chin to toes repeat in 1 week, marked as given. Cream 0.1 % apply to trunk, arms and legs X 30 days marked as applied / -
5) Resident #5 was admitted to the facility on / her diagnosis includes: recurrent , multiple R. hip , , ETOH dependency, Right , and .
A review of Resident #5's observation log revealed the following:
a) / - seen by dermatologist, new orders received.
b) A review of the physician orders revealed: / cream apply at HS once repeat in 1 week, TAC 0.1% cream apply X 2 weeks 1 lb. jar.
c) A review of the Medication observation record for 2016 revealed: and / 5% cream chin to toes repeat in 1 week, marked as given. Cream 0.1 % apply to trunk, arms and legs X 30 days marked as applied / - /
A review of the Center for Control and Prevention web-site reveals some of the following suggestions for developing guidelines for the prevention, detecting and responding to multiple cases of non-crusted in an institution: Establish surveillance (Have an active program for early detection of infested patients and staff) Notify local health department of outbreak and determine if any evidence of increased in the general community; notify other institutions to or from which infested or exposed patients may have transferred. Establish appropriate procedures for control and treatment.(Maintain records with patient name, age, , , (s) name(s), skin scraping status and result(s), and name(s) of all staff who provided hands-on care to the patient before implementation of control measures: symptoms can take up to 2 months to appear in exposed persons and staff.). Establish appropriate procedures for environmental . Communication (Ensure a proactive employee health service approach to including providing information about to all staff and providing dermatologic consultation for employees and, when appropriate, their household members. Maintain an open and attitude between management and staff).

Cream Consumer. USES: This medication is used to treat a variety of skin conditions (e.g., , and ,). reduces the , itching, and redness that can occur in these types of conditions. This medication is a medium- to strong-potency .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965667	**12/09/2016**
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT GREENACRES**	STREET ADDRESS, CITY, STATE, ZIP CODE **3400 JOG RD** **GREENACRES, FL 33467**	

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

_____ (Trademark) (_____) 5% Cream is a _____ scabicidal agent for the treatment of infestation with Sarcoptesscabiei (_____). It is available in an off-white, vanishing cream base.
_____ (Trademark) (_____) 5% Cream is for _____ use only.
In an interview conducted on _____ at 12:28 PM, with the Administrator she stated that there were a couple of residents that did have _____, and that they are treating the entire resident ' s _____. She stated that she did not contact the Health Department, she had no records of what she did to prevent the spread of the _____, she conducted no surveillance, she did not develop any procedures for _____ control and treatment, or for environmental _____, and she did not openly communicate with staff and family members, as she did not want to alarm anyone. She further stated that she just went on the internet and looked it up and stated she followed those recommendations. They do not have a policy on how to handle a _____ outbreak.
In a telephone interview conducted on _____ / _____ at 12:25 PM with the wife of Resident #1, she stated that the facility did not inform her that Resident#1 had been diagnosed with _____, they told her he had a _____ and that the scraping was inconclusive. She stated that she took her husband out of the facility.
In an interview conducted on _____ / _____ at 2:32 PM with Resident #2, she stated that she does have _____ and has had it since she been at the facility. She stated that it started when she arrived to the facility, she feels that the medication is not working, she is still itchy, wants another medication.
In an interview conducted on _____ at 2:43 PM with Resident #4, she stated that she did have itching a while back and they gave her some cream, she heard there was a problem.

In an interview conducted on _____ / _____ at 4:23 PM with Resident #5, she stated she feels she currently has bites and some itching.

In an interview conducted on _____ at 2:55 PM with Staff A/ CNA ,she stated that some residents have itching and we put a cream, the facility did not tell the staff the residents had _____.
In an interview conducted on _____ at 3:13 PM with Staff B/Maintenance /Housekeeping supervisor, he stated that about 1 month ago there was a _____ going around and the Administration mentioned _____, he started to do research online and found a spray, so at night they sprayed the hallways and chairs, furniture and in the daytime they sprayed all the items in the resident _____.The residents started testing positive for _____, mainly in the 500 hallway.
In an interview on _____ at 3:23 PM, with Staff C, she stated that she heard about the _____ through other employees gossiping, but nothing formally from administration, she has not had any problems because she wears gloves and mask when handling resident garments.
In an interview conducted on _____ / _____ on 3:45 PM, with Staff D, she stated that she works all over the facility, statesd that the facility did not inform her that some of the residents had _____. She stated that residents had told her about itching and she notified the nurse.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965667	12/09/2016
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT GREENACRES**	STREET ADDRESS, CITY, STATE, ZIP CODE **3400 JOG RD** **GREENACRES, FL 33467**	

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

In an interview conducted on 12/7/16 at 4:35 PM with Staff E, she stated she that nobody told her that some of the residents had .

In an interview conducted on at 2:37 PM with the son of Resident #2, he stated that she started itching and that the physician immediately stated that it was , he mentioned it to facility and they told him its nothing. She was diagnosed as having , this has been going on since , but the facility told me it was the only case.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Arbor Oaks At Greenacres
3400 Jog Rd
Greenacres, FL 33467

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2016 through , 2016 by a representative 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 , 2017.** 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 representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com