RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Oakbridge Terrace At Azalea Trace
10100 Hillview Road
Pensacola, FL 32514

RE: CCR #2016013494

Dear Administrator:

This letter reports the findings of a state licensure survey complaint survey and a limited nursing services monitoring survey that were conducted on , 2017 by representatives 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 surveyors. Should you have any questions please call me at (850) 412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb Enclosure

XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964649	**01/05/2017**
NAME OF PROVIDER OR SUPPLIER **OAKBRIDGE TERRACE AT AZALEA TRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **10100 HILLVIEW ROAD** **PENSACOLA, FL 32514**	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained in CCR #2016013494 in conjunction with a limited nursing services (LNS) monitoring visit was conducted at Oakbridge Terrace at Azalea Trace on / . Deficient practice was found at the time of the survey related to both the complaint and the LNS survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on staff interview and resident record review, the facility failed to have resident health care assessments for assisted living facilities (form 1823) completed every 3 years by a health care professional for 1 of 2 residents (#3) who had 1823's reviewed.

The findings are:

A review of the resident health care assessment for resident #3 revealed a health care assessement that had been completed on . (Photographic evidence obtained). An interview was conducted with the administrator on / at 6:19 am. She was asked how often the 1823 is updated on residents. She stated, "On admission and after every significant change".

A follow-up interview was conducted with the administrator on / at 9:23 am. She was asked to look at the 1823 for Resident #3. She confirmed the last 1823 was completed in 2012. She then stated, "Yes I should have had another 1823 done by now".

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, resident and staff interviews, and record review, the facility failed to provide supervision to a resident by not maintaining a written record of changes for 1 of 3 residents sampled for Limited Nursing Services (LNS), #4.

Findings include:

On / at 6:28 AM, Certified Nursing Assistant (CNA) B was observed to apply a brace to resident #4's left knee. An interview was conducted with the resident on / at 6:31 AM. She stated she broke her knee in of 2016 and has used the knee brace since. She confirmed she could not apply the brace without assistance.

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The resident's medical record was reviewed. No documentation regarding the incident or brace was found.

An interview was conducted with the Administrator on I/ at 6:38 AM. She denied knowing the resident had a broken knee and used a knee brace. She confirmed there is no documentation within the resident's medical chart regarding a knee brace.

An interview was conducted with Licensed Practical Nurse (LPN) A on I/ at 6:57 AM. She stated the resident in and her knee. She reviewed the resident's printed and electronic medical record and stated there was no documentation the resident , was seen by a doctor, had a diagnosis of a knee, family was notified, and no order for a knee brace. LPN A stated, "No, there is nothing documented."

Class III