STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967831	**04/07/2017**
NAME OF PROVIDER OR SUPPLIER **MISSION OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **10780 N US HWY 301** **OXFORD, FL 34484**	

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

0000 - Initial Comments

On , a Limited Nursing Services (LNS) Monitoring Survey was conducted at Mission Oaks Assisted Living Facility (facility license number 11808). Deficient practice was identified during the survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure 3 of 3 staff (Staff A, B and C) had a written health statement signed by a health care provider documenting that the employee was free from communicable .

Findings:

On , a record review of employee files revealed that Staff A, B and C 's personnel files did not have written health statements signed by a health care provider documenting that the employees were free from communicable .

In an interview on at 11:25 AM with the Business Office Manager, she stated she was not aware that the staff needed a health statement, but thought that they only needed a test for employment.

In an interview with Administrator on at 11:30 AM, she stated she didn't think the employees needed health forms signed by the physician that staff are free from communicable .

Class III