STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964831	**04/17/2017**
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT TYRONE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 68 STREET, NORTH** **SAINT PETERSBURG, FL 33710**	

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

0000 - Initial Comments

Assisted Living Facility

Two complaint investigations, (CCR# 2017003459 and CCR# 2017000662) were conducted at Arbor Oaks at Tyrone assisted living facility (lic# 9299) on . Arbor Oaks at Tyrone had a deficiency at the time of the visit.

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

Based on record reviews and interviews, the facility failed to follow policy and procedure by failing to follow doctors orders to transfer one (#9) of one resident from the memory care unit to the assisted living facility on .

Findings included:

A review of the medical records on revealed that the resident #9 was initially admitted to the assisted living facility on and presented with . He demonstrated acute episodes of threatening behavior and agitation during which time he was transferred to the memory care unit on for his safety. While there, his behavior continued to be altered. A lab test was done on his and the results showed that he had a ( ). Treatment was initiated and the cleared up.

According to the medical record dated Resident #9 was re-evaluated by the assigned ARNP and was found that his acute behaviors was no longer reported. The assigned ARNP recommendation was to move resident #9 out of memory care. Psych recommendation based on evaluation also indicated that there was no need for the memory care unit.

Based on an interview on at 2:30 pm the surveyor team lead spoke with the daughter and asked if the administrator spoke to her about the doctor's orders that stated to move her dad from the memory care unit. The daughter said she told her to make that decision herself. She stated the administrator decided to let him stay in the memory care unit. The daughter stated she was OK with that decision even though two doctors said he was allowed to go back to the ALF.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964831	**04/17/2017**
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT TYRONE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 68 STREET, NORTH** **SAINT PETERSBURG, FL 33710**	

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

Class III