

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910396	(X3) DATE SURVEY COMPLETED 08/08/2017
NAME OF PROVIDER OR SUPPLIER OAKBRIDGE TERRACE ASSISTED LIVING AT INDIAN	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 INDIAN CREEK BLVD. VERO BEACH, FL 32966	

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

0000 - Initial Comments

An unannounced Abbreviated Re-Licensure survey was conducted on 08/08/2017 at Oakbridge Terrace Assisted Living At Indian River Estates (License #6082). There were deficiencies identified at the time of the survey.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and an interview, it was determined the facility failed to ensure the "Medication Chart" or Medication Observation Record (MOR) was accurate for 8 out of 8 sampled residents (Resident #3, #12, #13, #14, #15, #16, #17 and #18) who required assistance with the self-administration of medication.

The findings included:

During interview with the Director of Nursing on 08/08/2017 at 9:00 AM, she stated all residents' morning medication had been disbursed to residents who required assistance with medication. She stated that the residents received their medication by the Licensed Practical Nurse (LPN), and obtained their 08/08/2017 MOR's for review.

During review of the 08/08/2017 MOR's, the following omissions were identified:

- 1) Resident #3
a. "Bedtime" dose for 08/08/2017 on 08/08/2017 had not been initialed as given.
- 2) Resident #12
a. "Evening" dose for 08/08/2017 2.5 mg on 08/08/2017 had not been initialed as given.
- 3) Resident #13
a. "Evening" dose for 08/08/2017 5 mg on 08/08/2017 had not been initialed as given.
- 4) Resident #14
a. "Evening" dose for 08/08/2017 100 mg on 08/08/2017 had not been initialed as given.
b. "Bedtime" dose for Lantaprost Solution 0.005% (eye drops) on 08/08/2017 had not been initialed as given
- 5) Resident #15
a. "Bedtime" dose for 08/08/2017 23 mg on 08/08/2017 had not been initialed as given.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/18/2017
FORM APPROVED

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6) Resident #16 a. 2:00 PM treatment for Boost Nutritional Supplement on had not been initialed as given. 7) Resident #17 a. "Evening" dose for 5 mg on had not been initialed as given. 8) Resident #18 a. "Evening" dose for Refresh Tears (eye drops) on had not been initialed as given. b. 8:00 PM dose for Discus inhaler 250 MCG on had not been initialed as given. c. "PM" treatment for Compression Pump on had not been initialed as provided. The DON acknowledged these findings during interview on at 10:30 AM. The facility provided no additional documentation for review at this time. Class III Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on review of facility staff schedule, Background Screening Clearinghouse review, and a staff interview, the facility failed to maintain a current employee roster for all employees of the facility. The findings included: On, a review was conducted of the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, three (3) current employees (Staff A, B and C) were not listed on the roster. Additionally, there were no employees of the Assisted Living Facility (ALF) on the roster. However, Staff A, B and C were found listed on the Skilled Nursing Facility (SNF) of this Continuing Care Community's roster. Review of the facility's staffing schedule revealed Staff A, B and C are current employees at the facility. During interview with the Director of Nursing and the Business Office Manager (BOM) on at 1:00 PM, they confirmed that these staff members were currently employed by the ALF. The BOM acknowledged that there was no employee roster on the Clearinghouse website for the ALF employees (separate from the SNF) as of the date of this survey. Unclassified		