STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965743	08/15/2017
NAME OF PROVIDER OR SUPPLIER **CENTURY OAKS SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4001 STACK BOULEVARD MELBOURNE, FL 32901**	

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

0000 - Initial Comments

A Change of Ownership (CHOW) survey in conjunction with 2 Complaint Investigations #2017007113 & #2017007324 was conducted on and .

Century Oaks Serenity LLC. Assisted Living (provisional license #10095) had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record reviews and interview the facility did not ensure the health assessment form 1823 was complete and accurate for 1 of 10 sampled residents (#4).

Findings:

Record review for resident #4 revealed she returned to the facility following a hospital visit on . Review of a health assessment form 1823 dated revealed the section regarding her diet was not answered, the question regarding whether she had a communicable was not answered, and the address and phone number of the health care provider was not on the form, as required.

During an interview with the resident care coordinator on at 3 pm, she confirmed the findings.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on personnel record review and interview the facility maintained a secure area and provided special care for persons with 's and related (ADRD), failed to ensure that 1 of 5 sampled staff (A) who provided direct care to persons with 's and Related (ADRD) obtained 4 hours of initial training within 3 months of employment and the additional 4 hours of training that was provided by an approved ADRD Trainer.

Findings:

Staff A hired had a training an training certificate for Level 1 completed in 2009 revealed it did not contain whether or not the person that provided the training was an approved Trainer through the Department of Elder Affairs.

On at 1:20 PM, the human resource manager said he did check the credentials of the person

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that provided the training to Staff A and she was not an approved Trainer through the Department of Elder Affairs.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on resident record review and interview the facility failed to ensure the provision was included on the resident contract agreement regarding to making a written claim against a refund in a reasonable time period of no less than 14 calendar days to respond for 3 of 10 sampled residents (#4, #5 & #6) pursuant to Section 429.24(3) Florida Statutes.

Findings:

1. Resident #6's record review revealed that in the resident agreement contract dated there was no provision that indicted that if after a contract was terminated , the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond.

On at 4 PM, an interview with the Administrator, who confirmed the finding.

2. Resident record review including contract for resident #5 revealed his contract was dated and the following component was missing:
Per 429. 24 there was no provision that indicated that if after a contract was terminated, the facility intended to make a claim against a refund due the resident, the facility must notify the resident or responsible party in writing of the claim and must provide the said party a reasonable time period of no less than 14 calendar days to respond.
Further, review of the contract under section C- #9 -additional Services "Extended Congregate Care (ECC) or Limited Nursing Services (LNS) as Licensing permit."

The facility had a standard license and could not offer ECC or LNS services to the residents as the contract noted.

On at 11 AM, the administrator revived the contract and confirmed the findings.

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SUMMARY STATEMENT OF DEFICIENCIES
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3. Review of the residency agreement that was dated on . . . for resident #4 revealed that it did not have the following required information:

If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond.

A list of limited nursing and extended congregate care services to be provided by the facility.

During an interview with the administrator on . . . at 4:00 pm, she confirmed the findings.

Class