STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967788	**02/01/2018**
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT LAKELAND HILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **4141 LAKELAND HILLS BLVD** **LAKELAND, FL 33805**	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on observation, record review, and interview, the facility failed to ensure that 3 of 3 sampled direct resident care employees due for 5-year rescreening (in facility with 74 residents) completed level 2 background rescreening every 5 years as a condition of continuing employment.
In addition, the facility failed to maintain one sampled employee (Staff B) on the employee roster.

Findings included:

Per review of the facility's , 2018 Staff Schedules and interview with the Administrator, Staff A, Staff D, & Staff F provide direct resident care services. AHCA Surveyor observed Staff A providing resident care at the facility on .

Per review of the facility's Employee Roster on the AHCA Background Screening site, Staff A was hired as a Resident Aide on and deemed eligible for employment based on Background Screening conducted on . Review of Staff A's employee record at the facility on revealed no AHCA Background Screening in Staff A's file. As of review, Staff A had not completed level 2 background rescreening due by as required. Review of the facility's Employee Roster on the AHCA Background Screening site revealed a Live Scan Request form (fingerprinting in process), and Staff A was deemed eligible for employment on .

Per review of the facility's Employee Roster on the AHCA Background Screening site, Staff D was hired as a Resident Aide on and deemed eligible for employment based on Background Screening conducted on . As of and reviews, Staff D had not completed level 2 background rescreening due by as required.

Per review of the facility's Employee Roster on the AHCA Background Screening site, Staff F was hired as a Resident Aide on and deemed eligible for employment based on Background Screening conducted on . As of and reviews, Staff D had not completed level 2 background rescreening due by as required.

Per review of the the facility's Employee Roster, Staff B was not listed on the Employee Roster. Staff B was listed on the facility's schedule as working 2nd shift providing direct care to residents and had a Level 2 background screen completed on .

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SUMMARY STATEMENT OF DEFICIENCIES
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Per interview with the Administrator on at 5:15pm, the Business Office Manager who started employment on is currently responsible for maintaining the Employee Roster on the AHCA Background Screening site. The Administrator acknowledged the overdue 5-year rescreenings.

Unclassed

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial State Relicensure survey was conducted on .

The Arbor Oaks at Lakeland Hills, Assisted Living Facility, (License #11751), had deficiencies at the time of this visit.

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that 2 of 3 staff who provide residents assistance with self-administration of medications have completed the required annual 2-hour update on providing assistance with self-administration of medications and safe medication practices in an assisted living facility (with current census of 74 residents). The facility also failed to ensure that 1 of 3 staff completed initial 4-hour training as required.

Findings included:

A review of employee files was conducted at the facility on beginning at 10:00am. Per schedule review with the Administrator, interview with the Resident Care Director on throughout the day beginning at 10:00 AM, and review of Medication Observation Records, Staff A, B, & C all provide residents assistance with self-administration of medications.

Per record review, Staff A was hired as a Resident Aide/Med Tech on and completed initial 4-hour training in providing assistance with self-administration of medications on . Staff A's file contained a training certificate for completion of an annual 2-hour update on - As of review, there was no evidence of Staff A completing the required annual update due by .

Per record review, Staff B was hired as a Resident Aide/Med Tech on and completed a 2-hour meds training update on , prior to facility employment. There was no indication of Staff B having completed 4 hours of initial training.

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

Per record review, Staff C was hired as a Resident Aide/Med Tech on and completed initial 4-hour training in providing assistance with self-administration of medications on . Staff C's file contained a training certificate for completion of an annual 2-hour update on - As of review, there was no evidence of Staff A completing the required annual update due by . Per interview and focused record review with the Administrator on at 5:00pm, the Administrator acknowledged no training certificates in employee files documenting the required training.

Class III