STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964739	**05/17/2018**
NAME OF PROVIDER OR SUPPLIER **OAK TREE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **7770 128TH STREET N** **SEMINOLE, FL 33776**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2018 a Complaint (CCR#2018006760) survey in conjunction with a Revisit to 3/15/18 complaints (CCR#2018003611 and CCR#2018001874) was conducted at Oak Tree Manor. Deficiencies were identified during the visit.
(license # 9262)

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

Based on record review and interview, the facility failed to ensure that documentation of a face-to-face health assessment on Agency for Health Care Administration Form 1823 (AHCA 1823) was complete and included all required information to assist in determining the appropriateness of a resident admitted to the facility for 3 residents (Resident #1, #2 and #3) of 3 sampled residents.

The Findings Included:

A record review was conducted on of Resident #1's AHCA 1823 form dated . It revealed that Resident #1's 1823 did not indicate the resident name and date of birth on pages 2-4 and did not indicate the medical license number of the examiner. Resident #1 was admitted to the facility on .

A record review was conducted on of Resident #2's AHCA 1823 form dated . It revealed that resident #2's 1823 did not indicate the facility address, facility phone number, and contact person, the resident name and date of birth was not indicated on pages 2-4, the address and telephone number of the examiner was not indicated and the AHCA form 1823 did not indicate if needs of the resident could be met in an assisted living facility. Resident #2 was admitted to the facility on .

A record review conducted on of Resident #3's AHCA 1823 form dated revealed that the 1823 did not include any indication as to what type of assistance the resident required with their medications.

During an interview with the Administrator conducted on at 2:12pm, the Administrator acknowledged and confirmed the AHCA 1823's for Residents #1,#2 and #3 were not complete.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure that 2 (Resident #1 and #2) of 3 Residents sampled met the criteria for continued residency.

The Findings Included:

A record review conducted on of Resident #1's most current Agency for Healthcare Administration form 1823 (AHCA 1823) dated revealed that per AHCA 1823, Resident #1 requires medication administration. Resident #1 was admitted to the facility on . There are no nurses employed at the facility to administer medications. No documentation was provided to indicate that third party services were contracted to provide Resident #1 with medication administration.

A record review conducted on of Resident #2's most current AHCA 1823 dated revealed that per AHCA 1823, Resident #2 requires medication administration and the assessment did not indicate that Resident #2's need could be met in an assisted living facility. Resident #2 was admitted to the facility on . There are no nurses employed with the facility to administer medications. No documentation was provided to indicate that third party services were contracted to provide Resident #2 with medication administration.

During an interview with the Administrator conducted on at 10:09am, the Administrator acknowledged and confirmed the AHCA 1823 indicated that Resident #1 and #2 require medication administration and that Resident #2's AHCA 1823 did not indicate that their needs could be met in an assisted living facility. The Administrator stated "No we don't have nurses here."

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview, the facility failed to file a surety bond for 2 residents (#2 and #3) whose payee and Power of Attorney (POA) was an employee of the facility.

Findings included:

During a review of Resident #2's record on , it revealed documentation of a Power of Attorney dated given to Staff A.

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

During a review of Resident #3's record on . . . . , it revealed documentation of a Power of Attorney dated . . . . given to Staff A.

During an interview with Staff A on . . . . at 1:28 PM, they stated they were the POA for Residents #2 and #3.

During an interview with the Administrator on at 9:44 AM, they stated Staff A was the Power of Attorney for Residents #2 and #3.

During an interview with the Administrator on . . . . at 2:25 PM they stated they did not file a surety bond as required for Staff A being the POA for Residents #2 and #3.

Class III

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

Based on record review and interview the facility failed to ensure 1 of 3 (A) employees, whose records were reviewed and who provided direct care services to the residents, had an updated level II Background screening (BGS) every 5 years as required.

Findings included:

On . . . a record review was conducted for Staff A. Staff A had a hire date of . . . . Staff A's record revealed an eligible level II BGS dated . This screening expired .

During an interview with the Administrator on . . . . at 9:44 AM, they stated Staff A was emergency staff. Staff A would help when they needed it and transport residents to and from appointments.

During an interview with Staff A on . . . . at 1:28 PM, they stated they have been working in the facility for a while. They stated they would assist with dining, activities, transportation and feeding the residents.

Unclassified