STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964739	R **07/06/2018**
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

A revisit to complaint CCR 2018006760 in conjunction with a biennial re-licensure survey was conducted at Oak Tree Manor on . Oak Tree Manor had deficiencies at the time of 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 medical examination reports (AHCA Form 1823) were fully completed for two (Resident #14 and Resident #20) of five resident records reviewed.

Findings included:

A review of resident records was conducted on . A review of Resident #14's record showed that they were admitted to the facility on . A review of Resident #14's most current AHCA Form 1823, dated showed that it was missing the following information: facility information (name of the facility, address, telephone number, and contact), any known , and whether the resident's needs can be met in an assisted living facility which is not a medical, nursing, or facility (photographic evidence obtained).

The Administrator was interviewed at 2:20 PM on concerning missing information form Resident #14's AHCA Form 1823. The Administrator acknowledged that the form was incomplete.

A review of Resident #20's record conducted on showed that the resident was admitted to the facility on . A review of Resident #20's AHCA Form 1823, dated , showed that documentation concerning the health care provider's telephone number and address were omitted from the form.

The Administrator was interviewed at 3:21 PM on concerning the missing information on Resident #20's AHCA Form 1823 and they acknowledged that it was omitted.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964739	R 07/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK TREE MANOR	**7770 128TH STREET N SEMINOLE, FL 33776**

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

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 residents had documentation of aa face-to-face medical examination (AHCA form 1823) after experiencing a significant change, obtained an interdisciplinary care plan after being admitted to a licensed hospice, and met continued residency criteria for two (Resident #1 and Resident #14) of five resident records sampled.

Findings included:

A record review conducted on revealed that Resident #1 had an AHCA Form 1823 completed on . There was no updated AHCA Form 1823 for the significant change of entering hospice care that occurred on for Resident #1.

An interview was conducted on at 3:20 PM with the Administrator. The Administrator confirmed that there was no updated 1823 completed for Resident #1 when they started receiving hospice care.

A record review conducted on revealed there was no interdisciplinary care plan between hospice and the facility for Resident #1.

An interview was conducted on at 3:25 PM with the Administrator. The Administrator confirmed that there was no written interdisciplinary plan between hospice and the facility for Resident #1.

A review of Resident #14's AHCA Form 1823, dated , showed no indication as to whether the resident's needs could be met in an assisted living facility which is not a medical, nursing, or facility. The form stated, under the section Nursing/Treatment/ , that the resident required tube feedings. The special diet instructions section stated tube feedings (photographic evidence obtained).

An interview was conducted with the responsible party for Resident #14 at approximately 2:00 PM on concerning the resident utilizing a feeding tube. The responsible party stated that Resident #14 had been utilizing the feeding tube for six months and that they administered nutrition to the resident through the feeding tube.

An interview was conducted with the Administrator at 3:19 PM on concerning Resident #14's order for a feeding tube and lack of appropriateness for continued residency. The administrator

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SUMMARY STATEMENT OF DEFICIENCIES
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confirmed the findings.

Class III