| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910842 | C<br>10/02/2018 |
| NAME OF PROVIDER OR SUPPLIER<br>**OAKS OF CLEARWATER, THE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**420 BAY AVENUE**<br>**CLEARWATER, FL 33756** | |

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

**0000 - Initial Comments**

Assisted Living Facility

On [illegible] 28 - [illegible], 2018 a Complaint survey (CCR# 2018013628, 2018014274 and 2108014456) was conducted at Oaks of Clearwater, (The). At the time of the survey, the facility had deficiencies.

(license#4818)

**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 3 of 11 (#2, #10, #11) residents whose records were reviewed included documentation of an updated face-to-face health assessment following a significant change in condition.

Findings Included:

During a record review for Resident #10 on [illegible] it revealed health assessment documentation dated [illegible]. Home Health documentation dated [illegible] revealed Resident #10 had a [illegible] pressure to the right [illegible].

During a record review for Resident #11 on [illegible] it revealed health assessment documentation dated [illegible]. Home Health documentation dated [illegible] revealed Resident #11 had a [illegible] to the right [illegible].

During a record review for Resident #2 on [illegible] it revealed health assessment documentation dated [illegible] stating they require supervision with ambulation.

During an interview with the charge nurse on [illegible] at 12:32 PM, they stated Resident #2 now requires assistance with ambulation and is using a wheelchair for mobilization. There was no updated documentation reflecting the change in Resident #2's condition.

During an interview with the charge nurse on [illegible] at 12:32 PM, they confirmed Residents #2, #10 and #11 did not have a new health assessment following their significant change in condition.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910842 | C<br>10/02/2018 |
| NAME OF PROVIDER OR SUPPLIER<br>**OAKS OF CLEARWATER, THE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**420 BAY AVENUE**<br>**CLEARWATER, FL 33756** | |

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

**0078 - Staffing Standards - Staff - 58A-5.019(2) FAC**

Based on record review and interview the facility failed to ensure two staff of two sampled staff providing direct care to residents were qualified and trained to perform their duties. Specifically, they failed to ensure two employees (Resident Services Staff/Manager and Staff A) who provided care in an emergency with a , resident held current certification in , , ( ) before performing on a resident.

Findings included:

During a review of Resident #3's record it revealed an in-house incident report dated stating they choked in the dining area, became and required .

During an interview with Staff A on at 2:24 PM, Staff A stated that on , they performed on Resident #3.

During a record review for Staff A on , it revealed Staff A was not certified in .

During an interview with the Resident Services Staff/Manager on at 1:42 PM they stated on they performed on Resident #3.

During a record review for Resident Services on , it revealed they were not certified in .

During an interview with the Administrator on at 4:54 PM they confirmed Staff A and the Resident Services Staff/Manager were not certified in .

Class III

**0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC**

Based on record review and interview, the facility failed to ensure one of seven (F) employees, whose records were reviewed, had documentation of training in Recognizing/Reporting , Neglect and , and Activities of Daily Living (ADL) and Behavioral Needs.

Findings Included:

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910842 | C<br>10/02/2018 |
| NAME OF PROVIDER OR SUPPLIER<br>**OAKS OF CLEARWATER, THE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**420 BAY AVENUE**<br>**CLEARWATER, FL 33756** | |

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

On a record review was conducted for Staff F, with a hire date of . A training certificate for Recognizing/Reporting , Neglect and and ADL and Behavioral Needs was not present in Staff F's file.

During an interview with the Administrator conducted on at 4:10 PM they acknowledged and confirmed that required training documentation was not in the employee file.

Class III

**0090 - Training - - 58A-5.0191(11) FAC**

Based on record review and interview, the facility failed to ensure one of seven (F) employees, whose records were reviewed, had documentation of training in the facility's ( ) policy and procedure.

Findings Included:

On a record review was conducted for Staff F, with a hire date of . A training certificate for policy and procedure was not present in file.

During an interview with the Administrator conducted on at 4:10 PM they acknowledged and confirmed that required training documentation was not in the employee file.

Class III

**0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC**

Based on observation and interview the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems are maintained in good working order for 142 residents who reside in the facility.

Findings Included:

During a tour of the facility on , , 2018 during the hours of 9:00 AM and 7:00 PM the following were observed:

The main dining area smelled of .

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910842 | C<br>10/02/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **OAKS OF CLEARWATER, THE** | **420 BAY AVENUE**<br>**CLEARWATER, FL 33756** |

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

-The ceiling was peeling and damaged, and the blinds would not close.

- The blinds had missing slats.

C- The vent in the kitchenette was dripping water into the floor causing a large puddle, and the foyer had discolored ceiling tiles.

-There was an alarm in the ceiling of the kitchenette that has exposed wires and the ceiling tile around it was wet.

- The ceiling vent was dripping and had a black substance around it.

The 7th floor hallway near had a strong odor.

During an interview with Staff A at 10:56 AM on , , 2018, they acknowledged and confirmed the odor near .

In S the floor was covered with crumbs and dust, including under the resident's bed.

Outside the 7th floor stairwell near , the ceiling vent was dripping water, and the carpet below it was saturated.
Photo evidence obtained.

The Maintenance Director was interviewed at 5:00 PM on , , 2018, they acknowledged and confirmed the physical plant concerns.

The Administrator was interviewed at 6:56 PM on , , 2018, they acknowledged and confirmed the physical plant issues.

Class III