STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968413	**10/11/2018**
NAME OF PROVIDER OR SUPPLIER **PLANTATION OAKS SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **9309 S ORANGE BLOSSOM TRAIL** **ORLANDO, FL 32837**	

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

0000 - Initial Comments

The re-licensure survey was conducted from . . . . to . . . . . in addition to complaint investigations # 2018011138, 2018013384 and 2018014684. Complaint investigations # 201814262 and #2018014432 were conducted on . . . . . and from . . . . to . . . . . Plantation Oaks Senior Living license # 12300 had deficiencies found at the time of the visit related to the re-licensure survey.

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

Based on record reviews and interviews, the facility failed to ensure an 1823 health assessment form was complete for 2 of 19 sampled residents (#9 and #26).

Findings:

1. Resident #9's record revealed a facility admission date of . Page 4 of his most recent 1823 health assessment form, dated , was not completed which should have contained a list of his medications. There were no pages attached to the 1823 that contained a list of his medications. His record contained no documentation to indicate the facility contacted a health care provider to obtain the omitted information.

On at 1:30 p.m. the resident care coordinator confirmed the finding and was unable to provide additional documentation.

2. Resident #26's record revealed a facility admission date of . . . . . Page 5 of her most recent 1823, dated , and was not completed. In addition, the question on the form that pertained to whether she was an elopement risk was not answered and the form indicated she required both assistance with self-administered medications and she was able to self-administer her medications. Her record contained no documentation to indicate the facility contacted a health care provider to obtain the omitted information.

On at 10:45 a.m. the resident care director confirmed the findings and was unable to provide additional documentation.

Class III

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

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Based on observation, resident record review and interview, the facility failed to determine the appropriateness of continued residency criteria required and retained 1 of 16 sampled residents (#19) for a significant change with a .

Findings:

On at 11 AM, during an interview with resident #19 it was observed a bandage on left front ankle as she was sitting in her recliner chair. When asked about the bandage on the leg, the resident stated it was a and it was healing because it was itching. The resident said that the nurse comes a couple times a week to change the -Aid for her leg.

The resident mentioned that the nurse also told her that she had a on her butt a few weeks ago. The nurse called it a chair "which I never heard of." Furthermore, the resident stated that she already had that when she came to the facility earlier this year. However, she did not tell anyone at the facility. She felt area would heal on its own. She explained that the was caused by sliding out of her bed when she lived at home. The resident requested that her bed be lowered about 1 inch.

Record review for resident #19 admission Health Assessment form 1823 dated with diagnoses of pubic , left and deforming dorsopathy. Further record review revealed was very alert and oriented and independent with dressing, , eating and toileting with supervision for ambulation, bathing and transferring. The resident is very social and loves to participate in the facility's activities. She especially loves to play Bingo and go on the shopping trips to the stores.

On , the facility noted that observation of redness on the .

On , a physician order for skilled nursing 2 times weekly for a to the sacral area.

On , the Advance Registered Nurse Practitioner (ARNP) documented a sacral measuring 1.5cm x1cm x0.2cm with selective debridement of . After the ARNP had documented the resident had a this exceeded the continued residency criteria for an assisted living facility.

Review of the home health agency notes revealed the following measurements for the as follows: (Photographic evidence documented)

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On , home health agency noted a sacral; described as with measurement of 3.9cm length x 1.8cm width x 0.1cm depth with an area of 7.02sq cm.

On , home health agency noted the sacral with measurement of 2.7cm x 0.9cm x 0.2cm area of 2.43 sq. cm and volume 0.486 with small amount of drainage.

On home health agency noted the sacral with measurement of 2.5cm length x 2 cm width and superficial in depth;

On , home health agency noted the sacral was an acute not healed with measurement of 2.2cm x 2.1cm x 0.2cm area 4.62 sq. cm volume 0.924 cubic cm. and small drainage.

On , home health agency noted the sacral with an incomplete measurement of 0.5 cm x 0.5cm.

On , home health agency noted the sacral was acute not healed with measurement of 2.2 cm x 1.5cm x 0.2 cm area 3.3 sq. cm volume 0.66 cubic cm with small drainage.

On , home health agency noted that sacral with good improve without the measurement.

During the review of all the documentation, there was no new Health Assessment form 1823 for the significant change for the development of a .

On at 11 AM, an interview with RCDN confirmed all the documentation was correct and would follow up with the home health agency.

On at 1:30 PM, interview with the Resident Care Director Nurse (RCDN) she stated she started to work at the facility in 2018 and could not defend what happened prior to starting to work at the facility.

On at 1:35 PM, an interview with the RCDN regarding the resident's request to lower the bed. The Resident Care Director said she was not aware of that issue and would definitely get the maintenance supervisor to lower her bed.

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Observation on at 9 AM, the resident was outside walking around the facility. The resident stated that she walks around the facility every morning for exercise and feed the cats outside.

On at 10:22 AM an observation made by the agency's two Nurse Surveyors and the RCDN for resident #19 revealed a superficial on her sacrum. The was superficial and measured approximately 0.2 cm x 0.1 cm. The skin surrounding the was pink and fragile. The resident said she was independent with her showers. The resident explained that d the started while she was at home from shearing when she would get in and out of bed because her bed was too high. She took care of the herself until home health came to the facility this year to treat her leg . It was at that time she told the Home Health nurse about the on her sacrum. She had not previously told any of the facility staff.

On at 11 AM, an interview with the RCDN who confirmed all the findings.

Class III

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

Based on record review and interview the facility failed to ensure that within 30 days after beginning employment, 1 of 5 sampled staff (N), submitted a written statement from a health care provider documenting that the individual did not have any signs or symptoms of communicable including ( ).

Findings:

Personnel record review for staff N, hired on revealed no evidence to confirm she submitted a healthcare provider's statement that indicated freedom from communicable including . There was a health exam dated that indicated determination pending, additional information requested.

In interview with the administrator on at 2 PM who said she had no additional information.

Class III

0086 - Training - ADRD - 58A-5.0191(10) FAC

Based on personnel record review and interview, the facility failed to ensure staff who worked in the secured memory care unit and provided special care for persons with 's and related (ADRD) and had regular contact with the residents obtained the required 4 hours of continuing

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education annually for 2 of 5 sampled staff (B and C).

Findings:

1. Personnel record review for staff C hired revealed her level II ADRD training was conducted on . Further personnel record review revealed here was no evidence to confirm she had received 4 hours of continuing education for ADRD annually.

2. Caregiver B's personnel record revealed a hire date of . The record contained documentation to indicate she received level 1 ADRD training on , level 2 on and one-half hour of Care training on . The record did not contain documentation to indicate caregiver B received an additional 3.50 hours of ADRD training in 2017 to equal the required 4 hours of update training.

On at 1:18 p.m. the business office manager confirmed the findings and was unable to provide additional documentation.

Class III

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

Based on personnel record review and interview, the facility failed to ensure direct care staff had received at least one hour of training in the facility's policy and procedures regarding ( ) within 30 days after employment for 1 of 5 sampled staff (A).

Findings:

Review of the personnel record for Staff A (caregiver) was on hired . Further review revealed there was no documentation to confirm the staff had received a 1 hour facility specific training in the facility's policy and procedures regarding the information included in rule 58A-5.0186, F.A.C.

On at 1:20 PM, the business office manager confirmed the findings.

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0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to have 3 days of emergency water supply on hand at the facility to meet the facility's resident census at all times as required.

Findings:

On at 1 PM during observation of the emergency water supply revealed the facility only had 27 gallons of water. The census of the day was 113 and each resident needed a gallon of water times three days. The facility should have had a total of emergency water 339 gallons of water.

as follows: 113 residents x one gallon= 113 x 3 days= 339 gallons.

On at 3 PM, an interview with both the Administrator and Memory Care Director who confirmed the findings.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on resident record review and interview, the facility failed to obtain a written copy of the informed consent regarding unlicensed staff assisting residents with self-administration of medications will or will not be overseen by a nurse as required for 1 of 1 sampled record (#18).

Findings:

Resident #18's record review revealed a Health Assessment form 1823 dated documenting the resident needs assistance with self-administration of medications. Further record review revealed there was no informed consent indicating if the unlicensed staff will or will not be overseen by a nurse in the file.

On at 11:30 AM, an interview with the Administrator who confirmed the finding.

Class

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

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Based on resident record review and interview, the facility failed to include provisions regarding whether the facility is affiliated with any religious organizations and include provision that a 14-day notice of claim for refund included in the contract agreement for 3 of 3 sampled residents (#9, #10 and #18) as required.

Findings:

1. Resident #18's record review revealed a contract agreement dated . There was no provision that 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.

On at 11:30 AM, an interview with the Administrator who confirmed the findings.

2. Resident #9's residency agreement, dated , did not contain the required provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility and the provision that 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.

On at 11:23 a.m. the administrator confirmed the findings and was unable to provide additional documentation.

3. Review of the contract for resident #10 that was dated revealed the following components were missing:

1. 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.
2. Whether or not the facility was affiliated with a religious organization.

Class

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0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and interview, the facility had no evidence to confirm that their emergency power plan (EPP) was approved, did not develop and implement written policies and procedures to ensure the assisted living facility could effectively and immediately activate operate and maintain the alternate power source and any fuel required for the operation of the alternate power source, did and did not have monoxide alarms.

Findings:

In a telephone interview on with the Corporate Facility Maintenance Director, who said the plan was submitted in , and corrections/revisions needed to be done and were in process.

In an interview on with the administrator who said there were no policies and procedures that she could find/locate. There was no evidence resident/families were notified when the plan was submitted for review in , . She was not able to locate any documentation.

In an interview on with the facility Maintenance Director who said the facility did not have monoxide alarms installed.

The administrator provided a letter from the Orange County Emergency Management that indicated the facility submitted the EPP on and it was reviewed on .

Class III