STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953352	01/25/2019
NAME OF PROVIDER OR SUPPLIER **DIXIE OAK MANOR, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6410 OLD DIXIE HWY** **VERO BEACH, FL 32967**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at Dixie Oak Manor, LLC, License #8502. The facility had deficiencies at the time of the visit.

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

Based on record review and an interview, the facility failed to ensure the health assessments (AHCA Form 1823) were completed as required , for 2 out of 2 sampled residents (Residents #4 and #5).

The findings included:

1. The health assessment for Resident #4 had no date of exam documented, and no or special precautions noted. The inquiry of whether or not the resident had any , was also blank with no "yes" or "no" answer documented.

2. The health assessment for Resident #5 dated was completed more than 30 days after admission ( ). Additionally, the inquiry as to whether or not the resident required 24 hour or nursing care was blank with no "yes" or "no" answer documented.

AHCA Form 1823 information was not complete on the forms for these residents. The omitted information may be obtained orally from the health care provider and documented on the assessment by facility staff, with the name of the provider, name of facility staff recording the information, and the date the information was provided. The assessments did not have the omitted information obtained and documented. These findings were reviewed with the Assistant Administrator during interview on at 1:45 PM. The facility provided no additional information for review at this time.

Class III

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

Based on record review and interview, it was determined the facility failed to develop and implement an Interdisciplinary Care Plan with hospice that coordinates and ensures the provision of additional care and services that the resident needs for 1 of 2 residents (Resident #4).

The findings included:

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On , Resident #4's Health Assessment (AHCA Form 1823) dated was reviewed. The assessment documented that the resident was "assisted" with ambulation and transfers.

During interview with the resident's representative on at 11:00 AM, he stated that the resident had not been out of bed "since she returned from the hospital". Review of the resident's record shows the resident returned from the hospital on .

Resident #4 was observed in bed during tour of the facility at 9:30 AM on . The resident was still in bed at 12:00 PM being fed lunch by a staff member.

During interview with Staff A at 1:30 PM on , she acknowledged that the resident did not get out of bed and that the resident was on hospice. The hospice plan of care was requested at this time but could not be located. On at 1:23 PM, the plan of care was located and sent to this surveyor for review. The plan did not indicate that the resident was bedbound.

During an interview with the hospice nurse on at 2:25 PM, she stated that the resident could get out of bed, and that a high wheelchair or recliner would allow the resident to be positioned so that the resident did not out of her regular wheelchair.

The resident's need for a postioning device such as a high wheelchair to prevent the resident from being bedbound had not been addressed in the hospice plan of care, and had not been coordinated and implemented at the facility. The facility provided no additional information for review at the time of the survey.

These findings were reviewed with the Assistant Administrator during interview on at 1:45 PM. The facility provided no additional information for review at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure 1 out of 2 sampled staff (Staff B) had a Preservice Orientation that was signed by the staff member and the Administrator.

The findings included:

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

Review of the personnel file for Staff B who works as a caregiver for residents revealed a certificate of a 2 hour Preservice orientation dated , signed by the Assistant Administrator. The certificate did not include signatures by the staff member or by the Administrator as required.

These findings were discussed with the Assistant Administrator during interview on at 1:45 PM. The facility provided no additional documentation for review at this time.

Class

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled unlicensed staff members (Staff B) who provided assistance with self-administered medications had successfully completed a minimum of 6 hours initial training on providing assistance with self-administered medications and safe medication practices in an ALF (Assisted Living Facility).

The findings included:

The personnel file for Staff B was reviewed for documentation of a minimum of 6 hours of initial training on providing assistance with self-administered medications and safe medication practices in an ALF. The last documented training was a 4 hour course completed on .

There was no documentation to show completion of the additional 2 hours of training that focuses on syringes, , stockings, , bags and vital signs described in 58A-0191(6)(b) 2.h.-n., F.A.C. (Florida Administrative Code), effective .

During interview with Staff A on at 1:45 PM, she confirmed that Staff B assisted residents with medication. The facility provided no additional documentation for review at the time of the survey.

Class III

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

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled residents (Resident #4) who received assistance with activities of daily living (ADL's) had their recorded semi-annually.

The findings included:

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The [redacted] record for Resident #4 showed no recorded [redacted] since [redacted]. The [redacted] record documents that the resident "can't stand". On [redacted] at 1:45 PM, Staff A stated during interview that the resident's [redacted] had not been taken since the resident could not stand on the scale and that the resident was on hospice. The facility provided no additional documentation for review at this time.

Class

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

Based on record review and an interview, the facility failed to ensure that the contract between the resident or the resident's representative and the facility was signed by both parties for 1 out of 2 sampled residents (Resident #5).

The findings included:

On [redacted] at 1:00 PM, Resident #5's contract with the facility dated [redacted] was reviewed and discussed with Staff A. The contract had not been signed by the resident or the resident's representative. The facility provided no additional documentation for review at this time.

Class