STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967831	C **03/01/2019**
NAME OF PROVIDER OR SUPPLIER **MISSION OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **10780 N US HWY 301** **OXFORD, FL 34484**	

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

0000 - Initial Comments

On , an unannounced complaint investigation survey (CCR#2018017742) was conducted at Mission Oaks Assisted Living Facility in Oxford, FL. Deficient practice was identified at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on record review and interview the facility failed to provide for residents' rights for the management of medications for 1 of 3 residents reviewed, Resident #1.

Findings:

Review of the physician's order for Resident #1 dated revealed 1 mg by at bed time for seven days then discontinue.

Review of the Medication Observation Record (MOR) revealed 1 mg was provided on , 2, 3, and 4 of 2018. There was no documentation on the record of Resident #1 being provided 1 mg on , 6, and 7 of 2018.

On , an email was received from Staff C, the Registered Nurse Consultant (RNC). The email confirmed the medication was omitted for the last three days of the physician ordered seven days. There was no documented refusals. These are medications omissions for which she cannot provide an explanation.

On at 11:48 AM, a telephonic interview was conducted with the Administrator. She confirmed the three omissions on Resident #1's MOR for , 6, 7, 2018.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967831	C **03/01/2019**
NAME OF PROVIDER OR SUPPLIER **MISSION OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **10780 N US HWY 301** **OXFORD, FL 34484**	

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Class III