STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968474	**03/21/2019**
NAME OF PROVIDER OR SUPPLIER **OAKMONTE VILLAGE OF LAKE MARY-CORDOVA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 ROYAL GARDENS CIR** **LAKE MARY, FL 32746**	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on personnel record review and interview, the facility failed to ensure that 1 of 4 staff (D) completed the affidavit of compliance with background screening requirement form.

Findings:

Review of the agency's background screening website on at 2:30 PM revealed staff D, a caregiver hired in , and his last screening date was and the results were eligible.

Personnel record review for staff D revealed there was no documentation to confirm he had completed any type of affidavit or documentation attesting, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to chapter 435.

On at 3 PM, the administrator confirmed the findings.

Unclassified

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0000 - Initial Comments

The re-licensure survey was conducted from to . Oakmonte Village (LIC#12350) had deficiencies at the time of the visit.

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

Based on record reviews and interview, the facility failed to ensure an 1823 health assessment form was complete for 1 of 5 sampled residents (#9).

Findings:

Resident #9 was admitted to the facility on . His current 1823, dated , did not contain the examiner's medical license and address, as required.

On at 1 p.m. the memory care nursing director confirmed the findings.

Photographic evidence obtained.

Class

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

Based on observations, record reviews and interviews, the facility retained 1 of 5 sampled residents (#9) who exceeded the continued residency criteria in an Assisted Living Facility (ALF) and failed to obtain a new 1823 health assessment form when 1 of 5 sampled residents (#9) experienced a significant change.

Findings:

Resident #9 was admitted to the facility on . His current 1823, dated , indicated that he required assistance with his Activities of Daily Living (ADLs) and he did not have any , .

A home health start of care note, dated , indicated that he had a 2 stage , on his and on his right .

His record did not contain an 1823 completed after he developed the , which is a

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SUMMARY STATEMENT OF DEFICIENCIES
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significant change.

On at 1 p.m. the memory care nursing director confirmed the findings.

On at 2:46 p.m. caregiver E said resident #9 required total assistance with his ADLs and transferring.

Observations made on at 11:07 a.m. revealed both caregivers K and N provided total assistance to resident #9 for care. Afterwards, both caregivers transferred him from the bed to a wheelchair by sitting him up on the side of the bed, instructing him to place his in his , placing each of their arms under his, then they lifted him into the wheelchair. His remained off the floor the entire time and he did not assist in any way. Both caregivers said that was how he always transferred and he required total assistance for all of his ADLs.

At 12:23 p.m. the memory care nursing director said resident #9 was able to assist with , a little with hygiene, and he required total assistance with transferring.

The facility holds only a standard license therefore, resident #9 no longer met the requirements for continued residency. His record did not contain documentation to indicate he received hospice services.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(i)

Based on review of the facility elopement drills, personnel record review and interview, the facility failed to have all direct care staff participate in a minimum of two resident elopement prevention and response drills per year.

Findings:

On at 8:15 AM, staff D was asked if he had participated in any facility elopement drills.

Staff D stated he worked the 10 PM-6 AM shift and had not participated in any elopement drills since being employed by the facility.
Personnel record review for staff D revealed he was hired . There was no documentation to confirm he had completed any resident elopement prevention and response drills.

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On at 1:15 PM, the administrator was asked to provide the elopement drill for last year. She provided two drills that were dated and . The administrator said only the staff listed on the Elopement drill participation was present for there were 9 employees listed on there were 11 employees listed.

The administrator said at the time that all direct care staff did not participate in the elopement drills twice a year a required.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observations, record reviews and interview, the facility failed to ensure the unlicensed caregiver (B) who assisted a resident (#10) with self-administered medications followed the correct procedures.

Findings:

Observations made during a medication pass for resident #10 on at 12:49 p.m. revealed unlicensed caregiver B sanitized her , unlocked the medication cart, removed medication packages, took the packages to the resident in her room, said the name of each medication aloud, opened the multi-dose package and poured the meds into the resident's . The resident took the medication without assistance. Caregiver B observed the resident take them then she returned to the cart and signed the Medication Observation Record (MOR.)

Caregiver B did not read the prescription label aloud, as required.

On at 1 p.m. caregiver B confirmed the findings.

Class III

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

Based on interview, the facility failed to have a 3 day emergency water supply on at the facility to meet the facility's resident census at all times as required.

Findings:

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On . . . . . at various times starting at 11 am with both the Administrator and the Director of Dietary confirmed as of today the facility had 180 gallons of water for a 3 day emergency water supply for the current census of 144 residents. The facility is required to have a 3 day 1 gallon per resident water supply. . . . . as follows: 144 residents x one gallon of water= 144 x 3 days= 432 gallons.

The Administrator and the Dietary Manager stated they discarded expired water last week and purchased collapsible containers that would be filled at the time of a weather event. They confirmed this recent plan for the required emergency water supply was not submitted to the county for approval on the emergency management plan.

Class III