| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967011 | R<br>08/07/2019 |
| NAME OF PROVIDER OR SUPPLIER<br>**GARDENS AT OAKLAND (THE)** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**715 HULL ISLAND DR**<br>**OAKLAND, FL 34787** | |

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

**0000 - Initial Comments**

A revisit to a biennial survey was conducted at The Gardens At Oakland Assisted Living Facility on .

Deficiencies were identified at the time of survey.

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

DEFICIENCY REMAINED UNCORRECTED

Based on observations, record review and interview, the facility did not obtain consent from the resident or representative for 1 of 1 sampled resident (#1) for the use of bed rails.

Findings:

Observations on at 9:45 AM, revealed the resident #1 was in a bed with half bed rails on each side. Resident #1 received hospice services and she was unable to remove the bed rails due to .

Record review revealed there was no documentation to confirm that the resident or her representative had consented to the use of the full bed rails.

On at 10:15 AM, the administrator's assistant confirmed there was not a consent for the use of the bed rails.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview the facility did not obtain for 1 of 1 sampled resident (#1) semi-annually.

Finding:

Record review for resident #1 revealed she received hospice services.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967011 | R<br>08/07/2019 |
| NAME OF PROVIDER OR SUPPLIER<br>**GARDENS AT OAKLAND (THE)** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**715 HULL ISLAND DR**<br>**OAKLAND, FL 34787** | |

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

Her resident health assessment form 1823 dated [redacted] note she required assistance for bathing [redacted], groom, transfer, toileting and ambulation. Further record review revealed there were no [redacted] recorded.

On [redacted] at 10:30 AM, the administrator's assistant confirmed the findings, he said the hospice agency said they would not weigh the resident and the facility had ordered a wheelchair scale that was arriving during the week.

Class III