

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/12/2013

FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966170	(X3) DATE SURVEY COMPLETED 06/12/2013
NAME OF PROVIDER OR SUPPLIER Laurel Oaks	STREET ADDRESS, CITY, STATE, ZIP CODE 3809 Capper Rd Jacksonville, FL 32218	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - Initial Comments

St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Change of Ownership and Limited Nursing Services survey were conducted on , 2013 at Laurel Oaks in Jacksonville, Florida. Deficiencies were identified at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on interview with the Assistant Manager and employee record review, the facility failed to ensure 1 of 3 employees received in-service training within 30 days of employment in the areas of reporting adverse incidents (Employee #3), emergency preparedness, and evacuation training (Employee #3), residents rights in an assisted living, recognizing and reporting resident neglect and facility elopement response policies and procedures and safe food handling (Employee #3).

The findings include:

1. Employee record review for Employee #3 found she had been employed at the facility as a medication tech and resident assistant since she and her husband took ownership of the facility in 2012. Review of the employee file could not locate proof of training in the areas of reporting adverse incident, emergency preparedness and evacuation, residents rights in assisted living, recognizing and reporting resident neglect and facility elopement response policies and safe food handling.

During an interview with the Assistant Manager on at 3:00 PM, she confirmed the findings.

Class III

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

Based on interview with Assistant Manager and employee record review, the facility failed to ensure 1 of 3 employees received training on the facility's policies and procedures for (Employee #3)

The findings include:

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1. Employee record review for Employee #3 found she had been employed at the facility as a medication tech and resident assistant since she and her husband took ownership of the facility in 2012. Review of the employee file could not locate proof of training on the facility's policies and procedures on

During an interview with the Assistant Manager on at 3:00 PM, she confirmed the findings.

Class III

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

Based on record review, staff interview and observation the facility failed to ensure the menu used by the facility was reviewed annually by a registered dietitian to ensure the meals met with all nutritional standards.

The findings include:

During the initial tour conducted on at 9:15 am, observation of the posted menu in the dining area revealed it was last reviewed by the licensed dietitian on

An interview conducted with the Assistant Manager on at 9:30 am confirmed that the menu had not been reviewed and updated since

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview with the administrator the facility failed to maintain a safe living environment for 3 of 3 residents that lived in the facility.

The findings include:

1. During the tour on at 9:15 am the living carpeting showed tracking of dirt, numerous stains and needed cleaning or replacement.

2. During an observation of the across the hall from #, tiles were missing from around the base of the wall in front of the toilet area. The area above the missing tiles had broken drywall exposing a metal strip at the corner of the wall.

3. Observation of (Resident #2) on at 9:50 am revealed heavily soiled carpeting with numerous large stains. Resident #2 was present and stated it had been that way since she came a few months ago. An interview with the administrator on at 9:55 am verified the carpets were soiled and stained and needed to be cleaned.

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0161-Records - Staff 58A-5.024(2) FAC

Based on interview with the Assistant Manager and employee record review, the facility failed to maintain personnel records that include an application with references for 3 of 3 employees (Employee #1, #2, #3).

The findings include:

1. Employee record review for Employee #1 found he had been employed at the facility as the administrator since Review of the employee file for Employee #1 found an employment application dated review of the application revealed it did not contain references.
2. Employee record review for Employee #2 found she had been employed at the facility as Assistant Manager, med tech since Review of the employee file for Employee #2 found an employment application dated review of the application revealed it did not contain references.
3. Employee record review for Employee #3 found she had been employed at the facility as a med tech and resident assistant.. Review of the employee file for Employee #3 found an employment application that was not dated. Review of the application revealed it did not contain references.

During an interview with the Assistant Manager on at 3:20 PM, she confirmed the findings. She stated she was not aware the applications needed references.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Laurel Oaks
3809 Capper Road
Jacksonville, FL 32218

Dear Administrator:

This letter reports the findings of a state licensure Change of Ownership survey with Limited Nursing Services that was conducted on 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KJ/KW/sm
Enclosure

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