STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964739	10/29/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Oak Tree Manor	7770 128th Street N Seminole, FL 33776	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-10/29/2013
0052-Medication - Assistance With Self-Admin-10/29/2013
0054-Medication - Records-10/29/2013
0077-Staffing Standards - Administrators-10/29/2013
0079-Staffing Standards - Levels-
0081-Training - Staff In-Service-
0090-Training -
0152-Physical Plant - Safe Living Environ/other-

Revisit Repeat Tags:

0004-Licensure - Requirements-58a-5.016 Fac
Z815-Background Screening; Prohibited Offenses-408.809, 435.02(2), 435.06

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced revisit to a complaint survey, CCR# 2013009685, was conducted on .

The Oak Tree Manor, assisted living facility, had uncorrected deficiencies at the time of the visit.

0004-Licensure - Requirements 58A-5.016 FAC

Based on observation, interview and record review, the facility has continued to operate above its licensed capacity of 39 residents without obtaining approval from AHCA's Central Office.

Findings include:

During a revisit at the facility conducted on , AHCA Surveyor reviewed the facility's posted license and noted that the facility is licensed for 39 residents. Surveyor also checked Floridahealthfinder.gov and verified that the facility is licensed for 39 residents.

Administrator stated that 2 residents leaving at the end of the month will leave her 1 over capacity, but 1 resident is on hospice (Resident #3) and expected to pass any time now. Surveyor observed the hospice resident sitting in a wheelchair in common dining . Administrator stated she does not want to relocate the hospice resident at this time and does not want to make someone else move, as they are all happy here, and hospice resident is on verge of .

Per Administrator, the facility has 24 double and could increase capacity to 48.

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Surveyor requested Admission/Discharge Log -- Administrator observed in process of alphabetizing current residents only -- Surveyor reminded Administrator of need to maintain ongoing Admission/Discharge Log. Upon review of "Admission & Discharge Register" that Administrator stated she was updating to keep neater, it is evident that the log was not properly maintained on an ongoing basis--example: 9 residents have discharge dates with no reason for discharge or where discharged to.

The administrator had omitted hospice resident (Resident #3) from printed updated Admission/Discharge Log (name later handwritten semi-illegibly at end of list) and omitted the 2 residents alleged to be moving out ; thus, the printed list reflected licensed capacity of 39.

The administrator stated in a memo to AHCA dated that 45-day notices would be provided to 5 residents: Residents #1, #2, #3, #4, & #5. The administrator stated on that two residents (#1 & #2) are leaving , transferring to another assisted living facility. Resident #3 is the hospice resident still residing at the facility. Resident #4 was discharged " to ALF " per Admission/Discharge Log. Resident #5 is not listed on either of the 2 "Admission & Discharge Registers" provided by the Administrator on ; Resident #5 was one of the residents interviewed at the facility on . There was no record of Resident #5 ' s admission or discharge information in the facility ' s Admission/Discharge Log.

Per incomplete Admission/Discharge Log, only one resident (Resident #4) was discharged since AHCA survey: Resident #4 was discharged to ALF -- no admission date; no entry in column allotted for where admitted from.

Resident count on : 44 minus 1 discharged per log=43 residents minus 2 scheduled for discharge=41; Administrator stated 1 hospice resident makes census at 40, 1 over capacity; written log reflects 41, with facility at 2 over capacity as of .

Per letter provided by facility Administrator dated that she prepared to send to AHCA: "As required, 4 of the 5 residents at Oak Tree Manor have relocated"-- and notes the 1 remaining under hospice. The Admission/Discharge Log only indicates 1 resident discharged since .

The Administrator confirmed during AHCA survey on that she knew she was operating over capacity. The facility is still operating above capacity during revisit conducted on . The Administrator expects one hospice resident to die soon and stated she will not make another resident move in order to be in compliance with capacity as licensed.

Unclassified

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and interview, the facility failed to ensure that Level 2 background screening pursuant to chapter 435 has been conducted for all employees providing personal care and services to residents and having access to resident living areas and personal property. Failure to ensure residents receive care and services safely, securely, and from persons who have not committed offenses that preclude them from employment directly placed the residents at risk for exposure to persons whom the Florida Legislature has deemed inappropriate to provide care or services.

Findings include:

AHCA Surveyor requested personnel files for all facility staff on at approximately 10:00am. The Administrator provided 11 employee files. Surveyor reviewed each file for evidence of Level II Background Screenings, with the following results:

(1) 2 of 11 employee records reviewed contained evidence of Level II Background Screening eligibility for employment. 9 of 11 employee records reviewed contained no evidence of Background Screening deeming the employees eligible for employment.

(2) 7 of 11 employee records reviewed contained " Due Diligence Investigation Service AHCA Fingerprint Verifications, " with no background screening results in file.

(3) 1 of 11 employee records reviewed contained no evidence of background screening ever having been conducted for an employee hired / (Staff H).

(4) 1 of 11 employee records reviewed contained an AHCA Background Screening status: " Awaiting Privacy Policy " dated - The employee (Staff I) started working at the facility on .

Surveyor checked AHCA Background Screening results website (beginning at approximately 8:00am) for all 11 employees, with the following results:

Staff A started employment on -- AHCA Background Screening website: Eligible

Staff B started employment on -- AHCA Background Screening website: Eligible

Staff C started employment on -- AHCA Background Screening website: Eligible

Staff D started employment on: -- AHCA Background Screening website: Eligible

Staff E: No employments start date in file; fingerprints requested , scheduled - no results in file; AHCA Background Screening website: Eligible-no date provided

Staff F started employment on -- AHCA Background Screening website: Eligible

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Staff G: No employment start date in file -- AHCA Background Screening website: Eligible

Staff H started employment on [illegible]; No evidence of background screening in file-AHCA Background Screening website: 0 Matching Records

Staff I started employment on [illegible] -- AHCA Background Screening website: Eligible

Staff J started employment on [illegible]; eligible [illegible] -verified at AHCA Background Screening website

Staff K started employment on [illegible] - eligible [illegible] per employee file- AHCA Background Screening website states: " A New Screening Is Required "

AHCA Surveyor asked Administrator ([illegible] at approximately 9:10am) how she knows a person ' s background is clear -- Administrator stated: " I don ' t know. " Administrator stated that she does not have a computer in the facility and that Staff G does the computer business for the facility. The Administrator phoned Staff G at approximately 10:20am on [illegible]. Surveyor spoke with Staff G at that time: Staff G stated that he is not familiar with the AHCA Background Screening results website and has been providing the fingerprint verifications for employee files.

Surveyor checked AHCA Background Screening results website ([illegible] beginning at approximately 8:00am) for all above employees, with results added above. It is evident that background screening is not conducted prior to hiring employees and starting employment involving provision of personal care and services to residents and access to resident living areas and personal property. Two of the 11 staff do not have Background Screening results deeming them eligible for employment (Staff H & Staff K).

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Oak Tree Manor
7770 128th Street N
Seminole, FL 33776

Dear Administrator:

This letter reports the findings of a state licensure revisit survey 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 corrected and the uncorrected 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1162