RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Oak Hammock at the University of Florida
2680 SW 53 Rd Lane
Gainesville, FL 32608

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 and , 2016 by representative(s) of this office.

Enclosed 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966269	05/11/2016
NAME OF PROVIDER OR SUPPLIER **OAK HAMMOCK AT THE UNIVERSITY OF FLORIDA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2680 SW 53 RD LANE GAINESVILLE, FL 32608**	

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

0000 Initial Comments

On 11 & 12, 2016, an abbreviated biennial licensure survey with Limited Nursing Services and Bed Increase was conducted at Oak Hammock at the University of Florida Assisted Living Facility. Deficient practice was identified. The facility was not in compliance at this time.

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to provide training documentation for ( ) training for 1 of 3 staff members reviewed (Staff C).

Findings:

On / / a record review was conducted on direct care staff, Staff C, who was hired on / . It was observed that there was no training documentation in her record.

On / / at 10:23 AM, during the exit conference, the Administrator stated that Staff C had training, but they did not issue a certificate for it.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation, interview and record review, the facility failed to provide a safe living environment free from hazards as evidenced by unsecured portable tanks in 1 of 13 sampled residents' (Resident #5).

Findings:

An observation of Resident # 5's at 2:10 PM revealed five (5) small portable tanks at bedside.

During an interview with Resident #5's spouse on at 2:11 PM, he stated that the 3 small portable tanks do not belong to the current vendor and she is not sure if they are empty or not.

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Further observation on at 2:25 PM of Resident #5's 3 small tanks that are unsecured and stored next to the resident's book shelf. One full portable tank was on top of the resident's electric chair and the third portable tank was on top of the concentrator. (Photographic evidence obtained).

During a follow-up interview with Resident #5's spouse on / at 2:26 PM, he stated that he never received a storage rack from the vendor to store her portable tanks and is not satisfied with the vendor.

During an interview with the Assisted Living facility (ALF) Manager, a Licensed Practical Nurse (LPN), on at 3:40 PM, she confirmed that the portable tanks are not secured. She confirmed that she did not find a rack to secure the tanks in the resident's shared her husband. ALF Manager stated that the nurse notified the vendor to send in a storage rack for the portable tanks.

A record review revealed that Resident #5 is under Limited Nursing Service (LNS) and is on continuous

An interview with the Administrator was conducted on at 3:50 PM. She stated that the facility does not have a policy on storage and said she will develop one.

Class III

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to maintain an employee roster on the Background Screening Clearing House web-site for 51 of 51 staff members.

Findings:

On / a review of the employee roster was conducted on the Background Screening web-site with the Agency for Healthcare Administration, which showed the facility did not have any employees listed on the roster.

On / at 9:23 AM, an interview was conducted with the Human Resource Manager in reference to the employee roster not being maintained. She stated that the corporate office listed all the facility's under their skilled facility employee roster.

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Unclassified