STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942940	10/11/2016
NAME OF PROVIDER OR SUPPLIER **SOUTH OAKS ASSISTED LIVING HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6141 SW 34TH STREET** **MIRAMAR, FL 33023**	

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

0000 Initial Comments

An unannounced re-licensure survey with Extended Congregate Care Services was conducted on 10/11/2016 at South Oaks Assisted Living Home (license #5855). The facility had deficiencies identified at the time of the visit.

0010 Admissions - Continued Residencv

Based on record review and interview, the assisted living facility (ALF) failed to ensure a Resident Health Assessment (AHCA form 1823) was accurate and reflective of a Resident current diagnosis and care needs for 1 out of 2 sample records reviewed (Resident # 2).

The findings included:

On I/ , a review of Resident # 2's AHCA 1823 form revealed an admission date of I/ and her last medical exam dated for with the following diagnosis: , and with .

Further record review of Resident # 2's file revealed she is receiving Hospice Care since . Resident # 2's hospice admission note stated the following diagnosis: unspecified . Resident # 2's health assessment lacked documentation of her weight records since and admission to hospice services.

In an interview conducted on I/ at approximately 2:15 PM, the Administrator acknowledged the lack of weight records for Resident # 2 and that her AHCA 1823 form should have been updated by Resident # 2 's Physician documenting the significant changes in health condition.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 1 out of 1 residents (Resident # 7) observed during medication pass.

The findings include:

Observations on I/ at 1:30 PM found Resident # 7 receiving the following medications:

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PAM 50 mg. A record review of the facility's Medication Observation Records (MORs) for the month of 2016 revealed Resident # 7's medication PAM 50 mg is scheduled to be taken at 12 PM.

At 1:30 PM, observations during assistance with self- administration of medication revealed Staff A, (unlicensed staff) assisted Resident # 7 with self - administration of medications. Staff A did not sanitize her hands. Staff A wore latex gloves and put the medication in Resident # 7's hands. Staff A did not state the names of the medications to Resident # 7. Staff A observed Resident # 7 take her medications and did not sign the Medication Observation Record (MOR).

During an interview on / at 1:45 PM, Staff A was informed of the process for assisting residents with self- administration of medications and she acknowledged her errors.

On / at 2:30 PM, the Administrator acknowledged the findings.

Class III

0054 Medication - Records

Based on observation, interview and record review, the facility failed to maintain accurate Medication Observation Records (MORs) for each resident in which the facility's staff provided assistance with self-administered medications, for 7 out 7 sampled residents observed during the medication pass. As evidence of the facility failure to sign the MOR immediately after assisting a residents with his/her medication.

The findings include:

On / a record review of the facility's MORs for the month of 2016 at 10:23 AM, found staff Staff A who assists all residents in the facility failed to document the MOR immediately after assisting the residents with self administration of scheduled medication at 5 PM on and on / for the scheduled 8 AM medications for all residents. On / at 10:45 AM, interviews with all residents in the facility revealed they received their medications on time daily.

During an interview with Staff A at 10:35 AM; Staff A was asked why she did not sign the MOR at the time assistance was provided to each resident. Staff A stated she forgot to sign the MORs and she was going to sign it at a later time.

On / at 1:30 PM, Staff A assisted Resident # 7 with self- administration of medications. Staff A

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SUMMARY STATEMENT OF DEFICIENCIES
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did not sign Resident # 7's MOR immediately after assistance.

In an interview with the Administrator on 10/11/2016 at 2 PM, he acknowledged the findings and stated no further information was available for review.

Class III

0079 Staffing Standards - Levels

Based on record review and interview, the assisted living facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period for a census of 7 residents.

The Findings Include:

Record review of the staff schedule revealed 3 shifts: day shift 7 AM through 7 PM and 8 AM through 5 PM, and an evening shift from 12 PM through 9 PM. The staff schedule revealed all staff rotate the day shift and the Administrator works the day shift from 8 AM through 5 PM.

Record review of the staff schedule for the month of 2016 lacked documentation of which staff worked at night in the facility. In an interview with the Administrator on / at approximately 12:45 PM, he stated all staff rotate working at night and the night shift is from 7 PM through 7 AM. On / at 10:15 AM, an interview with Staff A revealed she worked the night shift starting at 7 PM on through 7 AM on / but it was never documented on the current employee schedule.

During an interview on / , the Administrator stated he was unaware that he had to document the facility's schedule for the night shift with indication of which staff is working. The Administrator acknowledged that the posted staffing schedule did not reflect the current work schedules.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
South Oaks Assisted Living Home, Llc
6141 Sw 34th Street
Miramar, FL 33023

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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. **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 representative. Should you have any questions please call the field office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

XG90

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