

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969362	(X3) DATE SURVEY COMPLETED 03/27/2018
NAME OF PROVIDER OR SUPPLIER ELAN BUENA VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 5867 E COUNTY ROAD 466 THE VILLAGES, FL 32162	

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

0000 - Initial Comments

On 4/10/2018 an initial licensure survey was conducted at Elan Buena Vista Assisted Living Facility at 5867 East County Road 466, The Villages, Florida. There was no deficient practice identified during the survey process. The facility was in compliance at this time.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966595	(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER SPRING OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 7251 GROVE RD BROOKSVILLE, FL 34613	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On 3/28/2018 a renewal survey was conducted at Spring Oaks Assisted Living located at 7251 Grove Road, Brooksville, Florida (License #10763). Deficient practice was identified during the survey process. 0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS Based on record review, observations, and interview the facility failed to treat 2 of 2 sampled residents with consideration and respect and with due recognition of personal dignity, in relation to maintaining personal appearance. Findings: During observation this writer observed Staff E physically serving two sampled residents beef tips and steamed rice. Staff E was also observed aiding these residents with their drinks during the lunch meal. While observing the remainder of the lunch meal this writer observed there was no clothing protectors placed around either resident. Review of Resident #8 and Resident #14's Health Assessment was conducted on 03/28/2018. Record review revealed a physician's order for staff assist with meals for both Residents #8 and Resident #14. An interview with Staff E was conducted on 03/28/2018 at 11:10 AM. The writer questioned Staff E about the availability of clothing protectors. The Staff E stated that they were not aware if the facility had any clothing protectors available. Staff E informed this writer that they have never put anything around the resident's body to provide a barrier of protection from spills since the time of their employment. An interview was conducted with the Administrator on 03/28/2018 at 12:05 PM. This writer asked did the facility have any clothing protectors available for its residents who require assistance with feeding. The Administrator informed this writer that the facility did previously have clothing protectors several months ago, but did not have any available at this time. The Administrator also stated she would ensure that the facility obtains these protectors and provide them for the residents. Class III 0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC Based on record review and interview the facility's Administrator failed to maintain the continuing		

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education requirements and failed to provide evidence of a repeated core training. The facility's Administrator also failed to provide evidence stating they had retaken and passed the competency test as provided under Section 429.52, F.S. Findings: Record review was conducted on 03/28/2018. Record review revealed the facility's Administrator's refresher training dated 05/01/2002. This was not in compliance with the Agency's requirement. An interview was conducted on 03/28/2018 at 2:30 PM. During the interview the Administrator acknowledged she was aware her core training was out-of-date. The Administrator confirmed the date of her last refresher certificate stated 05/01/2002 and did not met the Agency's requirement. Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview the facility failed to provide needed building repairs and maintenance on 3 of 4 lanes of the facility. Finding: A Facility tour conducted on 3/28/2018 at 9:15 AM revealed on memory lane, peeling and chipped paint on wall next to kitchen area, food on the ceiling around vent, vent with a gray powdery substance, AC vent under window has stains on it, and exit door in activity room has cracking/chipping paint on lower portion of door. On Magnolia Lane, vents observed to have a gray substance on them and on Cypress lane, the vents were observed to have a gray powdery substance on them. (Photographic evidence obtained) On 3/28/2018 at 2:24 PM, an environmental tour was conducted with the Facility Administrator, who confirmed the peeling/chipping paint on the memory lane unit, three vents with gray substance located on Willow lane, Magnolia Lane, and cypress lane; and food on the ceiling of the memory unit. The administrator stated she is in the process of hiring a maintenance director. Class III		