STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969148	08/01/2018
NAME OF PROVIDER OR SUPPLIER **OAKMONTE VILLAGE OF DAVIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8201 STIRLING RD DAVIE, FL 33328**	

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

0000 - Initial Comments

Unannounced licensure complaint surveys, CCR #2018006883, CCR #2018006939, CCR #2018007215 and CCR #2018008688, were conducted on and at Oakmonte Village of Davie, License #12960. The facility had deficiencies identified at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review, observations and interview, it was determined that the facility failed to ensure that three of four employees (A, C and D) had their Freedom from statement update annually as required.

The findings include:

Record review of the employee files for Staff A, C and D revealed the file lacked evidence of an annual negative examination. The following was noted specifically.

1) The Administrator (Employee A) had a dated . Employee A file also contained a Skin Results test dated from the physician. However, there were no results listed.

2) Employee C had a Physician's Statement dated from (the facility's ARNP). However, the statement expired on . No further evidence of an annual examination since .

3) Employee D had Statement in file dated . No update statement was located in the file.

During the course of the review, this surveyor spoke with the Administrator between 1:30 PM and 2:55 PM regarding missing certification/verification of the Annual Statement for the employees reviewed. The Administrator acknowledged such and provided the Skin test, but had no results.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on record review, observation and interview, it was determined that the facility failed to ensure that four of five employees reviewed (B, C, D and E) had certifications documenting completion of required courses.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969148	**08/01/2018**
NAME OF PROVIDER OR SUPPLIER **OAKMONTE VILLAGE OF DAVIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8201 STIRLING RD** **DAVIE, FL 33328**	

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

The findings include:

During the survey on [redacted], this surveyor reviewed the employee files of the Administrator (Employee A) and employees B, C, D and E between 11:15 AM and 2:30 PM. During the course of the review, this surveyor spoke with the Administrator between 1:30 PM and 1:45 PM regarding missing certification/verification of training for the employees reviewed. Specifically, the each employee file contained quizzes of their training, but did not have the verification of the following (i.e. certificates). The following was noted specifically.

1) Control: Employees B and E did not have the certification documenting completion of the required training in their files.
2) ADL and Behavioral Needs (3 hrs) Training: Employees B and E did not have the certification documenting the required training in their files.
3) Elopement & Response: Employees B and E did not have the certification documenting completion of the required training in their files.
4) Emergency Preparedness & Evacuation: Employees B and C did not have the certification documenting completion of the required training in their files.
5) Incident Reporting: Employees B and E did not have the certification documenting completion of the required training in their files.
6) Resident Rights: Employees B and E did not have the certification documenting completion of the required training in their files.
7) Recognizing and Reporting [redacted], Neglect & [redacted]: Employees B and E did not have the certification documenting completion of the required training in their files.
8) P&P: Employees B and E did not have the certification documenting completion of the required training in their files.
9) [redacted] is I and II: Employees B and C did not have the certification documenting completion of the required training in their files.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969148	08/01/2018
NAME OF PROVIDER OR SUPPLIER **OAKMONTE VILLAGE OF DAVIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8201 STIRLING RD DAVIE, FL 33328**	

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

Upon this surveyor sharing the findings, the Administrator responded: "That was part of our issue." What do you do when someone just takes everything and throws it up in the air (using hand gesture). That was our issue .... Things were missing. I'm just being honest. I just have to have them go through the trainings again."

During the Exit Interview conducted on . . . . . between 3:59 and 4:15 PM, this surveyor restated the finding regarding the certifications with the Administrator, Director of Admissions and Directors of Resident Care.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review, observation and interview, it was determined that the facility failed to ensure that two of five employees reviewed (B and E) had certifications documenting completion of required courses.

The findings include:

During the survey conducted on . . . . . , this surveyor reviewed the employee files unlicensed staff B and E between 11:15 AM and 2:30 PM. During the course of the review, it revealed that employees B and E did not have documentation of . . training in their files.

This surveyor spoke with the Administrator between 1:30 PM and 1:45 PM regarding missing certification/verification of training for the employees reviewed. Specifically, that the two employees file did not contain verification of their . . training.

During the Exit Interview conducted on . . . . . between 3:59 and 4:15 PM, this surveyor restated the finding regarding the certifications with the Administrator, Director of Admissions, Directors of Resident Care who acknowledged such.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on record review, observation and interview, it was determined that the facility failed to ensure

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969148	**08/01/2018**
NAME OF PROVIDER OR SUPPLIER **OAKMONTE VILLAGE OF DAVIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8201 STIRLING RD DAVIE, FL 33328**	

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

that two of two employees reviewed (C and D) had certifications documenting they had received the two additional hours of Medication Training (Assistance with Self-Administration of Medication and Medication Management.

The findings include:

During the complaint investigation on . . . . . , this surveyor observed employee D perform medication assistance (MedPasses) at 11:47 AM and 12:09 PM to residents #3, 4 and 11.

, this surveyor reviewed the employee files of the employee C and D who both perform medication assistance for residents between 11:15 AM and 2:30 PM. The record did not contain any documentation indicating that the (2) additional hours of training had been completed.

During the course of the review, this surveyor spoke with the Administrator between 1:30 PM and 1:45 PM, regarding missing certification/verification of training for the two employees reviewed. The administrator acknowledged the finding and stated that she will have to schedule them for the training.

Class III

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

Based on observation and interview, it was determined that the facility failed to ensure that one of its elevators was operational at all times.

The findings include:
During the Complaint Conducted at the facility, this surveyor on . . . . . toured the building with Administrator. This surveyor used the South/West elevator in the main section of the Building B (Bella) and observed no operation issues. in addition, on . . . . . at 2:18 PM: This surveyor used the elevator on the West side of the main building (Alomar) and observed no operation issues.

On between 3:59 and 4:10 PM, this surveyor asked the Administrator if there was other elevators in the two (Alomar and Bella) buildings, with a specific question regarding any that were currently out of service. The Administrator stated the service elevator in the Bella building was out of service, and is "scheduled to be fixed soon." This surveyor asked the Administrator if the elevator could

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969148	**08/01/2018**
NAME OF PROVIDER OR SUPPLIER **OAKMONTE VILLAGE OF DAVIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8201 STIRLING RD** **DAVIE, FL 33328**	

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

be identified. This surveyor and the Administrator went to the elevator and observed that it was not operable.

On . . . . . between 3:59 PM and 4:10 PM, this surveyor was given an email dated . . . . . with a time of 3:57 PM. The email was addressed to the facility's maintenance technician from (the contracted provider) used for elevator maintenance and repairs. The email stated, "I have a team scheduled to be there tomorrow to repair the elevator should be back in service by the end of the day."

During the Exit Interview conducted on between 3:59 and 4:15 PM, this surveyor restated the finding with the Administrator, Director of Admissions, Directors of Resident Care.

Class III