STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969148	**01/23/2019**
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

An unannounced relicensure survey was conducted on and at Oakmonte Village at Davie (#12960). There were deficiencies at the time of the survey.

The relicensure survey was conducted in conjunction with the licensure complaint CCR#2018016139 on the same date. See separate report for the findings.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, interview and record review, it was determined that the facility failed to ensure that a resident was reassessed upon signficant health changes (including nursing treatment/services) in which the findings are updated on a new Resident Health Assessment form (AHCA form 1823), for 1 out of 3 sampled residents (Resident #11).

The findings included:

Resident #11 was observed sitting in the common area amongst other residents participating in activities. The resident was observed in a wheel chair with a large patch covering the top her . The resident was observed with her daughter sitting beside her and offering comfort and some activities of daily living. An interview with Resident #11 regarding the large bandage on the top of her was attempted; however, he was unable to provide any information related to the bandage on the top of her .

Record review of Resident #11's file revealed on , a , was done due to a skin complaint. On , she was brought into the doctor office due to a skin complaint on the right , medial forehead. Thy physician noted that the was enlarging, , not healing, rough, raised, severe in severity, has been present for months and worsen when hair is combed. Further record review revealed a sample of cells was collected on , received on and reported and diagnosed on . Resident #11 was diagnosed with moderately differentiated , , also noted as Keratoacanthoma, . The gross description was stated by the physician to be irregular portion of tissue 0.8 cm.

An interview was conducted with the Resident #11 daughter on at 10:43 AM. It was stated (Resident #11) stated that her mom was diagnosed with and they are trying everything they can

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to remove the from her body and that is just the first step. No further documentation was given to the surveyor at the time of survey.

An interview was conducted on at 3:05 PM with the DON of memory care. At this time, the DON confirmed the findings that the resident was diagnosed on with , and went to an outpatient center to have the cells scraped from the top her . The DON reviewed the AHCA form 1823, last updated on in the presents of the surveyor and confirmed the new diagnosis and treatment was not listed.

Class III

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

Based on record review and interview, the facility failed to ensure all staff received a negative statement from a licensed health care provider on an annual basis, for 1 of 3 sampled staff (Staff D).

The Findings Included:

On at approximately 1:00PM, a employee record review was conducted for Staff D (hire date was) and a communicable statement was dated . Further review revealed Staff D was due for the required annual screening on , and there was no documentation that the screening was completed. At this time the Human Resource representative was provided an opportunity to locate the documentation.

During an interview with the Administrator and Human resources representative on at approximately 1:30PM, they acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on observation, record review and interview, the facility failed to ensure that all staff who provide direct care to residents received all of the required 1-hour in-service trainings within 30 days of employment.

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The findings included:

Review of the file for Staff C (hire date) revealed that Staff C is missing the following required in-service trainings:

a) Elopement response training
b) Reporting Major Incidents
c) Reporting Adverse Incidents.
d) Facility emergency procedures.
e) Incident reporting training
f) Resident rights training
g) Recognizing and Reporting , Neglect and , training
h) Nutritional & Safe Food Handling
i) Polices and Procedures training

During an interview with the Executive Director (ED) on at 2:30 PM, the opportunity was given to locate the missing trainings and no additional documentation was provided.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure a staff member who holds a valid 1st Aid and certification card is in the facility at all times (3rd Shift).

The Findings Included:

On at approximately 1:00PM a employee record review was conducted for Staff D and revealed Staff D's expired on , and there was no valid 1st Aid training completion documented in the file. A review of the facility staffing schedule revealed Staff D works 10:00PM to 6:30AM, and it was confirmed that their is not an LPN or RN who works that shift. At this time, the Human Resources representative was provided an opportunity to locate Staff D's documentation, and/or another staff member who works that shift and hold both and 1st Aid.

During an interview with the Administrator and Human Resources representative, they verified that their

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was no other staff who holds both a valid 1st Aid and certification who work on the 10:00PM to 6:30AM shift. They acknowledged the findings and provided no additional documentation for review.

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on observation, record review and interview, the facility failed to include provisions consistent with regulations in resident contracts for 3 of 3 sampled Residents (#3, #6 and #10). This is evidenced in the facility failure to ensure that the contracts included a refund policy in the event of a resident terminating their agreement.

The findings included:

Review of the Resident Care Agreements (resident contract) for Resident #3, #6 and #10 on revealed no refund policy. Further record review of each of the resident's file revealed no evidence of the facility's refund policy.

During an interview with the Administrator who stated corporate created a new facility contract that she was not aware of, that included the refund policy. The Administrator stated she would update the deficient contracts with the new contracts. She acknowledged the findings.

Class

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to develop and implement written policy and procedures for the facility Emergency Environmental Control Plan (EECP), to ensure the facility can effectively and immediately activate, operate, and maintain the alternate power source and any fuel required for the operation of the alternate fuel source, and the facility failed to notify the resident / resident representatives in writing of the facility's submission of the plan, or the implementation of the plan.

The Findings Included:

On at approximately 10:00AM, during the review of the facility's EECP, and interview with

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the Administrator, it was revealed the facility had not developed and implemented written policy and procedures to ensure the facility can effectively and immediately activate, operate, and maintain the alternate power source and any fuel required for the operation of the alternate fuel source. Further review revealed the facility also failed to notify residents and/or resident representatives of the submission of the EECP, and the implementation the plan. At this time the Administrator was provided an opportunity to locate the documentation.

During an interview with the Administrator on [redacted] at approximately 2:15PM, the Administrator, she acknowledged the findings.

Class III