Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932515	A. BUILDING: _____ B. WING _____	07/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKVIEW TERRACE	7220 BAILLIE DRIVE NEW PORT RICHEY, FL 34653

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint number 2020001173, 2020003276 and 2020004149) with a focused control and generator monitoring survey in conjunction with a revisit to the complaint investigation (complaint number 20200009754) with a focused control and generator monitoring survey of was conducted at Oakview Terrace Assisted Living on .There were deficiencies at the time of the survey.	A 000		
A 011 SS=D	59A-36.006(5) FAC Admissions - Discharge (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or health care provider, the resident must be discharged in accordance with section 429.28, F.S. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to provide a forty-five (45) Discharge Notice for one (#7) of one sampled resident who was discharged. Findings included: A review of Resident #7's medical record conducted on revealed that he was admitted to the facility on with diagnosis that included and . A further review of the resident medical chart revealed that Resident #7 was an inpatient at a local Rehabilitation Center for occupational and from until . The medical chart revealed no evidence that the resident was	A 011		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 011	Continued From page 1 provided a 45 Day Discharge Notice. During an interview with Power of Attorney (POA) for Resident #7 on at 7:23 PM, she stated, on , her family member was experiencing , , problems and was sent to the emergency room for an evaluation. Once evaluated and treated, he was then discharged from the hospital to a local Rehabilitation Center. When it came time for her family member to be discharged to the facility, they were told by the Administrator that Resident #7 would not be allowed to the facility. This was the first time we were made aware of this and we were totally unprepared. We were told that the reason Resident #7 couldn't come was due to his use of a Trilogy Machine. The Administrator said that it was against corporate policy for him to use the machine at the facility even though he had been using that machine for over 6 months prior to being discharge to the hospital. During an interview with the Administrator conducted on at 12:27 PM, she confirmed that Resident #7 was not given a 45 Day Discharge Notice and stated," We didn't let him because he was using a Trilogy Machine. It's against our corporate policy for any resident to use this machine while residing at the facility." A review of the facility's "Allowable Admission" policy conducted on revealed the following statement: The community will admit and retain stable residents with health conditions that can be safely cared for by community staff and follow state licensing agency guidelines. The following are examples of health conditions/needs that may be manage in the community: Intermittent positive pressure	A 011		

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A 011	Continued From page 2 breathing. A review of the facility's "Bill of Rights- for residents of assisted living facilities" policy conducted on . . . . . revealed the following statement: You, as a long-term care resident, have the right to receive a written notice 45 days prior to relocation or termination of residency. An interview was conducted on at 1:19 PM with the Administrator and Director of Nursing (DON). During this interview the DON confirmed that a Trilogy Machine is considered an intermittent positive pressure breathing machine and stated," I didn't know we allowed anyone here that used those machines." The Administrator added," We didn't allow him . . . because we thought it was against our policy to have that machine in the facility....I agree either way, he should have received a 45 Day Discharge Notice." Class III	A 011		