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 _____	R 06/24/2021

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 revisit to the complaint (complaint number 2021003171, 2021003443, 2021005263, 2021005792, and 2021005793) survey of [redacted] in conjunction with a complaint (complaint numbers 2021007547 and 2021008683) with a with a COVID-19 focused control and generator monitoring survey was conducted at Oakview Terrace on [redacted]. The facility had deficiencies at the time of survey.	{A 000}		
{A 054} SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [redacted] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.	{A 054}		

AHCA Form 3020-0001

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

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{A 054}	Continued From page 1 (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to update Medication Observation Records (MORs) immediately each time medications (meds) were offered to four Residents (#1, #2, #3, and #4) of four sampled residents. Findings Included: Record review conducted on revealed Resident #1 had the prescribed medications of Tablet 10mg, , Tablet 1mg, Tablet 3mg, , Tablet 10mg were not documented as given or offered to the resident on through , , , and . Record review conducted on revealed Resident #2 prescribed medications of , Tablet 7.5mg, Tablet 20mg , Tablet 10mg, , Tablet 5mg, Pregabalin Capsule 150mg, and , Tablet 15mg were not documented as given or offered to the resident on through , , /202, and . Record review conducted on revealed Resident #3 prescribed medications of Tablet 20mg, Tablet 100mg, Tablet 50mg, , Tablet 0.5mg, , - Solution 0. .5 (3) mg/3ml and ,	{A 054}		

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{A 054}	Continued From page 2 Tablet 10mg were not documented as given or offered to the resident on through , , , and . Record review conducted on revealed Resident #4 prescribed medications of Tablet 50mg was not documented as given or offered to the resident on , , and 13/2021, , , and . During an interview with the Health and Wellness Director, conducted on at 11:00am through 11:45ampm, Residents #1, #2, #3, and #4's MORs were reviewed, and the Health and Wellness agreed that the residents' MORs had meds that were not signed as given or offered to the residents. Class III	{A 054}		