

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932515	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/17/2021
NAME OF PROVIDER OR SUPPLIER OAKVIEW TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 complaint investigation (complaint number: 2021011492) and a complaint investigation (complaint numbers: 2021015358 and 2021015724) were conducted at Oakview Terrace on . Deficiencies were identified at the time of survey.	{A 000}			
{A 162} SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in	{A 162}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 162}	Continued From page 1 paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , (), CF-ES 1006, , , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004 . The absence of this form will not be	{A 162}			

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{A 162}	Continued From page 2 the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the . . . of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's . . . , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period	{A 162}			

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{A 162}	Continued From page 3 of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a ...-to-... health assessment with all required data documented completely on the Agency for Health Care Administration's Form 1823 (1823) for three (Residents #1, #2 and #6) of three sampled. Additionally, the facility failed to have the resident care record as described in paragraph 59A-36.007(1)(3), Florida Administrative Code for two Residents (#1 and #2) of three sampled residents. Findings Included: A record review for Resident #1, conducted on , revealed that Resident #1's 1823 dated was not dated. Resident #1's 1823 did not include the type of assistance the resident required for ambulation, bathing, , , , eating, grooming, toileting or transferring. There was no diet specified. The 1823 did not note whether Resident #1 had a communicable ; if she was or was not bedridden; if she had pressures sores or not; if she posed a danger to herself or others; if she required 24/7 nursing or , , , , care; or whether he needs could be met in an assisted living facility; or the type of assistance that she required for medication administration. The Examiner's name, title, license number, telephone number, and address were not noted.	{A 162}			

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{A 162}	Continued From page 4 The examination was not signed or dated by the Examiner. There were no additional care and services described in Resident #1's record that the facility obtained for Resident #1's identified aggressive and combative needs. Resident #1 was admitted on . A record review for Resident #2, conducted on, revealed that there were no additional care and services described in Resident #2's record that the facility obtained or provided to the resident for his aggressive and combative needs. Resident #2's 1823 dated did not specify the residents and behavioral status or address care and services provided to the resident for his aggressive and combative needs. Resident #2 was admitted on . A record review for Resident #6, conducted on, revealed that Resident #6's health assessment form dated was documented on the form. During an interview with the Administrator, conducted on at 08:00pm, the Administrator agreed that Resident #1 and #2's 1823 were missing required data and were incomplete and there were no additional care services obtained for either Resident #1 or #2 for their aggressive and combative behavioral needs. Class III	{A 162}			