

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 10/20/2022
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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: 2022012310,2022013237) was conducted at Oakview Terrace Assisted Living Facility on . Deficiencies were identified at the time of survey.	A 000		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable _____ to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, _____ or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.	A 152		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER OAKVIEW TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 7220 BAILLIE DRIVE NEW PORT RICHEY, FL 34653		
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A 152	Continued From page 1 (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order and clean. Finding included: During a facility tour conducted on beginning at 10:00 AM, the following observation were made: " Hallway 300, ceiling was observed to have various patches. " , the room was observed to have a large stain on the ceiling and air conditioner vents were dirty with dust. " , the carpet was observed to be visibility stained. " , the carpet was observed to be visibility stained. " Tour of the Memory Care unit revealed upon entry a large piece of ceiling was missing and exposed pipes are observed. " Second floor carpeting at the exit of the elevator observed to be visibly soiled. " Second floor air vent was observed to have accumulated dust.	A 152			

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A 152	Continued From page 2 During an interview and follow up tour on at 11:42 a.m. with the Administrator to , he stated there was a leak in and the vents had not been cleaned An interview on at 1:15 p.m. with the administrator he stated he was aware of the needed repairs and the facility was trying to work on it. (Photographic evidence obtained) Class III	A 152			