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 _____	C 05/23/2024

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: 2024006369), a revisit to [redacted] biennial survey and complaint investigation (complaint number: 2024003233), and a second revisit to [redacted] complaint investigation (complaint numbers (2024000305, 2024000795, and 2024001190) were conducted at Oakview Terrace on [redacted]. Deficiencies were identified at the time of survey.	A 000		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; [redacted], Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free	A 030		

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A 030	Continued From page 1 telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed	A 030		

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A 030	Continued From page 2 capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from [redacted] and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the	A 030		

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A 030	Continued From page 3	A 030		

resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making . , , ... for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and

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A 030	Continued From page 4 provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are	A 030		

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A 030	Continued From page 5 kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that 45-day notices contained the State Long-Term Care Ombudsman's information for one Resident (#6) of one sampled resident. Additionally, the facility failed to demonstrate grievance resolutions for	A 030		

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A 030	Continued From page 6 three (#6, #11, and #15) of four sampled resident that filed grievances. Furthermore, the facility failed to ensure resident rights to privacy while performing their , , and other needed bathroom functions for all residents that used the restrooms in the main dining room. Findings Included: During observations of the men's and women's restrooms, conducted on at 09:47am, it was observed that both the men's and women's restrooms in the main dining room had their entry doors propped open with a chair (photographic evidence obtained). A record review for Resident #6, conducted on , revealed that Resident #6 was issued a 45-day notice dated . The 45-day notice did not include a statement that the resident may contact the State Long-Term Care Ombudsman's Program for assistance with relocation. The 45-day notice did not include the State Long-Term Care Ombudsman's Program toll-free telephone number. A review of a grievance filed by Resident #6, conducted on , revealed that a grievance was filed by Resident #6 on regarding Staff T hitting the resident on the and refusing to help with the resident's shower. There was no evidence that the grievance was reviewed by administration. There was no resolution noted for the grievance. A review of grievances filed by Resident #11, conducted on , revealed that a grievance was filed by Resident #11 on regarding her call light not answered for an hour on Sunday from 10:00am through	A 030		

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A 030	Continued From page 7 11:00am, no management to talk to, on at lunch time that a medication bottle was found on the floor instead of in the room and there were a concern for it being stolen, and that there were four overhead lights burnt out in the hallway. There was no resolution noted for any of the grievances from Resident #11. A review of a grievance filed by Resident #15, conducted on , revealed that a grievance was filed by Resident #15 on regarding Staff G did not provide prescribed medication to the resident. There was no evidence that the grievance was reviewed by administration. There was no resolution noted for the grievance. During an interview with the Wellness Director, conducted on at 01:35pm, the Wellness Director stated that the men's and women's bathroom doors off the dining room were propped open so that staff could hear for residents calling for help. The Wellness Director stated that the bathrooms were equipped with emergency call lights. During an interview with the Administrator, conducted on at 04:05pm, the Administrator agreed that the 45-day notice that was issued to Resident #6 did not include a statement that the resident may contact the State Long-Term Care Ombudsman's Program for assistance with relocation and the toll-free telephone number of the program. The Administrator agreed that there was no evidence of resolutions for Residents #6, #11, and #15's grievances. The Administrator agreed that there was no evidence that Resident #6 and #15 grievances were reviewed by administration.	A 030		

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A 030	Continued From page 8 Class III	A 030		
A 034 SS=D	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to have policy and procedures in place for assistive devices and document assistive devices in resident records. Additionally, the facility failed to ensure that direct care staff used assistive devices properly for one (Residnet #10) of one sampled. Findings Included: During an observation of Resident #10, conducted on [redacted], it was observed that	A 034		

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A 034	Continued From page 9 Resident #10 had two large scrapes and was [redacted] from her left [redacted] (photographic evidence obtained). During an interview with Resident #10, conducted on [redacted] at 02:44pm, Resident #10 stated that one of the staff members at approximately 01:44pm, pushed the resident down the hall while the resident was sitting on the seat of the rolling walker. Resident #10 stated that she was unaware that her bare [redacted] were dragging on the carpet while she was being pushed. Resident #10 stated that the staff do this frequently since the resident's return from the hospital because she is much weaker now. Resident #10 stated that she does not have a wheelchair and that none of the staff have spoken to her about obtaining one. A record review for Resident #10, conducted on [redacted], revealed that Resident #10 had a diagnoses of [redacted]. Type II according to Resident 10's health assessment form dated [redacted]. Resident #10 was independent with ambulation, [redacted], eating, grooming, toileting, and transferring and supervision with bathing. Resident #10's physical limitation and use of a rolling walker assistive device was not noted on Resident #10's health assessment form. There was no evidence in Resident #10's record that the resident had been assessed for the temporary or permanent need for a wheelchair assistive device. During an attempt to review the facility's assistive devices policy and procedures, conducted on [redacted], the facility's assistive devices policy and procedures was not provided. During an interview with the Administrator, conducted on [redacted] at 03:39pm, the	A 034		

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A 034	Continued From page 10 Administrator stated that the facility did not have an assistive devices policy and procedures. The Administrator stated that the Wellness Director was the employee that pushed Resident #10's rolling walker down the hallway while the resident was sitting on the seat of the walker. Class III	A 034		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or	A 055		

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A 055	Continued From page 11 habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all	A 055		

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A 055	Continued From page 12 medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the medications were locked and secure at all times. Furthermore, the facility failed to ensure the discontinued medication were not stored with medications in current use. Findings Included: During observations of the medication room with Staff S, conducted on [redacted] at 12:20pm, it was observed that the medication room nearest the first-floor elevators was wide open and absent of staff in or around the room. In the medication room there was a large plastic bin full of medications. There was no locking mechanism on the bin. There was a medium sized brown cardboard box full of medications on top of the large plastic bin. There was no locking mechanism on the box. The refrigerator had	A 055		

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A 055	Continued From page 13 medications which included but not limited to a facility stock of Api-sol Tuber-sol medication and [redacted] for Residents #31 and #32. The refrigerator had no locking mechanism. There was a box of [redacted] medication on top of a table. During an interview with Staff S, conducted on [redacted] at 12:20pm, Staff S stated that the facility was waiting for the pharmacy to pick up the medications that were in the plastic bin and cardboard box. During observations of the Wellness Director's Office, conducted on [redacted] at 01:21pm, it was observed that the office door was wide open and absent of staff in or around the office. There was a clear plastic tote full of medications. There was an [redacted] Hydrofluoroalkane Inhaler for Resident #26 on top of a cabinet. There was a box of [redacted] 0.5mg and 3mg Inhalant Solution on top of a cabinet. There was a [redacted] Hydrofluoroalkane Inhaler for Resident #25 and a box of Ultracare Needles for Resident #27 on top of the Wellness Director's desk. There was a refrigerator with medications which include but was not limited to 600mcg for Resident #14. The refrigerator had no locking mechanism. At 01:53pm, it was observed that the office door was wide open and absent of staff in or around the office. There was a cabinet full of medications in the top drawer and pull-up door/shelf which included but was not limited to five boxes of unopened [redacted] Hydrofluoroalkane Inhalers that were refilled for Resident #28 on [redacted], [redacted], and [redacted]. Seven pill packs of [redacted] as needed medications with sixty tablets of sixty	A 055		

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 _____	C 05/23/2024

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A 055	Continued From page 14 tablets remaining in each pill pack that were refilled for Resident #29 on , , , and . During a medication cart review with Staff S, conducted on at 12:25pm, revealed that there were discontinued medications stored with medications in current use which included , , for Resident #18. There were two tubes of , that were filled and refilled on and . The medication was discontinued on . During a medication cart review with Staff P, conducted on at 110:55am, revealed that there were discontinued medications stored with medications in current use which included Hydrofluoroalkane Inhaler for Resident #10. There were two unopened boxes with one inhaler in each box and both were stored in the medication cart with medications in current use. The inhaler medications were refilled on and . During an interview with the licensed Pharmacist Consultant, conducted on at 10:16am, the licensed Pharmacist Consultant stated that the medication concerns at the facility were a work in progress and agreed that there were ongoing issues/concerns regarding medications such as storage, disposal, documentation , and refills. During an interview with the Wellness Director, conducted on from 01:25pm through 01:50pm, the Wellness Director agreed that medications were to be locked/secured at all times. The Wellness Director stated that the medications in the bins and box were waiting for	A 055		

Agency for Health Care Administration

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A 055	Continued From page 15 pharmacy pick up. The Wellness Director agreed that discontinued medications were supposed to be removed from storage from medications that were in current use. The Wellness Director stated that Resident #10 returned to the facility from the hospital on and the prescribed Hydrofluoroalkane had been discontinued. (photographic evidence obtained) Class III	A 055		