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 11/12/2024

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 (complaint numbers 2024012564 & 2024013989) survey with a generator monitoring survey was conducted at Oakview Terrace on . The facility had deficiencies at the time of survey.	A 000		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff	A 056		

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A 056	Continued From page 1 who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a	A 056		

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A 056	Continued From page 2 label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to assist with self administration medicines to be dispensed as ordered by the health care provider. Findings included: A record review was conducted on 11/12/2024 of Resident #6 Medication Observation Record (MOR) which revealed the medicine's: Acidophilus Capsule (CAP), Basaglar 100 unit, 0.5 milligram (MG) tablet (TABS), 6.25mg Tablet, Light 4 Grams, 5mg Tablet, 24-26mg tabs, FIASP Flextough 100 unit, (PORP) 50 mg, 2mg, Oyster 500-400, CL ER 20MEQ TAB, 100mg, 25mg, 1 gm/10ml susp, Thera- M tablet and 2mg were all to be dispensed at 8a.m. A interview was conducted on 11/12/2024 at 10:10a.m. with Resident #6 who stated they had	A 056		

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A 056	Continued From page 3 not received their morning medications. A observation was made on 11/12/2024 at 10:25a.m. of Staff B an unlicensed medication technician preparing to assist Resident #7 with self administration of medications which included: , 5 milligram (MG), , 12.5mg, 25mg, , 100 micrograms (MCG) , , , 5mg, , 400mg, , 100,000 Unit Grams (UNIT/GM) controlled release (CR), , , Extended Release(ER) 5mg, , (SOD) Delayed Release (DR) 40mg, (CL) ER 20 Mellie equivalence (MEQ) Tablet (TAB), , Capsule (CAPS) and D 50 MCG (2000 Units (UT). A record review was conducted on 11/12/2024 of Resident #7 Medication Observation Record (MOR) which revealed the medicine's: , 5 milligram (MG), , 12.5mg, 25mg, , 100 micrograms (MCG) , , 5mg, , 400mg, , 100,000 Unit Grams (UNIT/GM) controlled release (CR), , , Extended Release(ER) 5mg, , (SOD) Delayed Release (DR) 40mg, (CL) ER 20 Mellie equivalence (MEQ) Tablet (TAB), , Capsule (CAPS) and D 50 MCG (2000 Units (UT) were all to be dispensed at 8a.m. A interview was conducted on 11/12/2024 with Staff B at 10:25a.m. who stated that Resident #7 medications are being delivered late.	A 056		

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A 056	Continued From page 4 Class III	A 056		
A 120 SS=D	429.17(3) .275(1); 59A-36.013(1) FAC Fiscal - Financial Stability 429.17 (3) In addition to the requirements of part II of chapter 408, each facility must report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its occurrence. The agency shall have access to books, records, and any other financial documents maintained by the facility to the extent necessary to determine the facility's financial stability. 429.275 (1) The administrator or owner of a facility shall maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed and shall use written accounting procedures and a recognized accounting system. 59A-36.013 Fiscal Standards. (1) FINANCIAL STABILITY. The facility must be administered on a sound financial basis in order to ensure adequate resources to meet resident needs pursuant to the requirements of chapter 408, part II, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to be administered on a sound financial basis regarding the water utility services. Findings included:	A 120		

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A 120	Continued From page 5 A record review of the facility's most recent water utility bill was conducted on revealed the facility has a payment of $10,118.46 that was due on . The facility was unable to produce documentation that that bill had been paid to the local water utility. A interview was conducted on 11/12/2024 at 11a.m. with the Administrator who agreed the water utility bill had not been paid for two months. Class III	A 120		
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,	A 152		

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A 152	Continued From page 6 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. (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 maintain a safe clean living environment, specifically heavily stained carpeting throughout the second floor hallways. Finding included: A observation was conducted on 11/12/2024 of the carpeting of the hallways on the second floor. The carpeting was heavily stained in numerous places with stains ranging in sizes from two inches in diameter to a in diameter (photographic evidence obtained). A interview was conducted on 11/12/2024 with the Administrator at 11:24a.m. who agreed that the carpeting on the second floor had numerous stains throughout the hallways. Class III	A 152		