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 _____	11/24/2025

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 (2025012652, 2025017471, 2025017503 and 2025017508) was conducted at Oakview Terrace on 11/24/2025. Deficiencies were identified during the 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. (d) Residents who use portable bedside commodes must be provided with privacy during	A 152		

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A 152	Continued From page 1 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 observations and interviews, the facility failed to honor the residents' rights for a safe, clean, and decent living environment affecting 23 residents (Residents residing on the first floor) of 57 residents residing at the facility and failed to ensure an one elevator of two elevators was maintained in good working order. Findings included: Observations conducted on between 9:15 a.m. and 1:30 p.m. revealed the first floor in the 300-hallway had significant brown water stains as well as an area with dark bio growth on the ceiling. The ceiling also had two cut out areas with exposed water pipes and two electric outlets that were without a cover. One of the two elevators in the facility had an out of order sign and was taped off. An area on the second floor was observed to have bare concrete flooring without any floor covering. During an interview on at 9:34 a.m Resident #1 said one elevvator in the facility had been out of order for about two weeks. During an interview on at 9:45 a.n. Resident #2 said there is one elevator that was not working in the facility. During an interview on at 12:35 p.m. the Vice President of Operations stated the facility	A 152		

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A 152	Continued From page 2 had plumbing issues and the system required repairs. The Vice President of Operations furthermore stated the elevator was out of order due to a missing license to operate. Class III	A 152		