STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932515	02/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Oakview Terrace	7220 Baillie Drive New Port Richey, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2013012676, was conducted on , in conjunction with an extended congregate care (ECC) monitoring visit.

The Oakview Terrace, assisted living facility, had a deficiency at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based record reviews and interviews, the facility failed to document resident observations according to the facility's policy and procedures regarding for 2 (Residents #1 and #7) of 3 sampled for record review regarding .

Findings include:

Interview with the administrator on at approximately 5:45pm revealed that the facility had a really old, policy that she believed was obtained from another facility. She planned to make a new policy, but the staff was supposed to follow the procedure to check the resident and write in the notes every shift for 2 days after a . The nurses told her that they had not been doing it because they are very busy.
Review of the facility's policy and procedures dated , line 8 revealed the procedure to "observe the resident closely and document follow-up in the medical record every shift for at least 48 hours."
Review of Resident #1's Nurses' notes dated and revealed that the resident had a on each of those days. There was no documentation in the notes for the resident during the 48 hours after each .
Review of Resident #7's Nurses' notes dated / at 6:50pm revealed that the resident was found by a nurses' aide. The resident reported that she and hit her head on her night table. was noted to the back left side of her scalp. She was sent to the hospital on the same day. She was returned to the facility with 2 staples to her left scalp on / at 1:00am. There was no other documentation in her Nurses' notes until / .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Oakview Terrace
7220 Baillie Drive
New Port Richey, FL 34653

Dear Administrator:

Re: **CCR# 2013012676** & ECC Monitoring Visit

This letter reports the findings of a complaint survey and an extended congregate care (ECC) monitoring visit that were conducted on , 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies that were identified on the day of the visits. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your surveys.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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