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 - E206 - 58a-5.030(7) Fac - Ecc - Service Plans S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced extended congregate care (ECC) and limited nursing services (LNS) monitoring visit was conducted in conjunction with a complaint survey, CCR# 2013012676, on .

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

E206-ECC - Service Plans 58A-5.030(7) FAC

Based on record reviews and interview, the facility failed to obtain documentation of the resident's or their representative's agreement of the resident's service plan for Extended Congregate Care (ECC) for 4 (Residents #1, #2, #3, #4) of 4 residents sampled for ECC.

Findings include:

Review of the facility's ECC book revealed the following:
Resident #1's ECC service plan was dated .
Resident #2's ECC services plan was dated .
Resident #3's ECC service plan was dated .
Resident #4's ECC service plan was dated .
There was a signature line on each of the 4 residents' ECC service plan for the residents or their representatives to acknowledge their participation in the development of the service plan. The signature lines were left blank on all 4 residents' service plans.
In the interview with the administrator on , she indicated that she was not sure why the ECC service plans were not signed since the family members could have signed when they came into the facility.

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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1162