STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105248	A. Building B. Wing	01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Manor Healthcare & Rehabilitation Center	3500 Oak Manor Lane Largo, FL 33774

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39866 Based on observations, interviews, and record review, the facility failed to ensure resident walls and ceiling tiles were maintained in a clean, sanitary, and homelike environment for three resident rooms (224, 225, and 226) out of three rooms observed on the central wing. Findings included: An observation was conducted on 1/27/25 at 9:50 AM of room [ROOM NUMBER]. There was peeling paint behind both beds in the room and missing paint on the wall near the bathroom door. Behind bed A there was missing paint with exposed wood that was shredded. The air vent was observed to be against a ceiling tile and where the ceiling tile and the air vent meet there was a black and rust-like discoloration on the ceiling tile. (Photographic evidence obtained.) An observation was conducted on 1/27/25 at 9:52 AM in room [ROOM NUMBER]. The air vent was observed to be against the ceiling tile and where the air vent and the ceiling tile meet the ceiling tile had a black and rust-like discoloration. An observation was conducted on 1/27/25 at 9:53 AM in room [ROOM NUMBER]. The air vent was observed to be against the ceiling tile and where the air vent and the ceiling tile meet the ceiling tile had a black and rust-like discoloration. An interview was conducted on 1/27/25 at 10:27 AM with Staff A, Certified Nurse Assistant (CNA) she said she did not know how long the walls in room [ROOM NUMBER] had peeling paint and shredded wood. She said she did not notice the discoloration on the ceiling tile above the air vent. She said when there was a problem whoever saw the problem notified maintence or put it into the work order reporting system. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 1/27/25 at 12:49 PM with the Maintence Director. He said he did not have a schedule to clean air vents. He reviewed the photographic evidence and said the black and [NAME]-like discoloration was from the moisture of the air vents blowing onto the ceiling tiles. He said he would get notified by the staff of those concerns through the work order reporting system. He said for about a year he had been going room to room and doing renovations including drywall, paint, fixtures, faucets, replacing anything that is out of date. He reviewed the photographic evidence of room [ROOM NUMBER] and said he had a list of the rooms that had been renovated. He provided a map of the facility and said the orange highlighted rooms were the ones that had been renovated. room [ROOM NUMBER] was highlighted orange. The Maintence Director said room [ROOM NUMBER] was renovated but he needed to go back and do it again. He said his problems were electric wheelchairs and staff moving the beds up and down and scraping the walls. An interview was conducted on 1/27/25 at 2:09 PM with the Nursing Home Administrator. She said the facility did angel rounds on the resident rooms and if they saw something in the room that needed repairs, they would report it in the work order reporting system. She said the facility was doing room repairs but she was not sure how long they had been doing the repairs. She said she knew there were damaged walls in the resident rooms and once the room renovation was done there would be FRP [fiber reinforced polymer] wall panels behind the beds. Review of the facility's Environment policy and procedure dated 1/5/24 revealed, Intent: It is the policy of the facility to provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible, according to state and federal regulations. Procedure: .3. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. .7. The facility will provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior .