

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Oaks of Clearwater, The		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Bay Ave Clearwater, FL 33756	

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. (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: 105323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER Oaks of Clearwater, The		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Bay Ave Clearwater, FL 33756	
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)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to thoroughly investigate a voiced grievance for one resident (#3) out of four sampled residents. Findings included: On 07/24/2025 at 02:35 P. M., a phone interview was conducted with Resident #3's family member. She stated she was unable to speak with the Nursing Home Administrator (NHA), via phone call because she could not be reached. She stated she was able to communicate with the NHA through text messaging. She stated she had concerns about the care her family member was getting and she notified the NHA of her concerns. She stated the NHA was dismissive of her. She stated she never heard from the facility with what happened. Review of Resident #3's medical records revealed she was admitted to the facility on [DATE], with a discharge date of 07/16/2025 to another facility. Diagnoses for Resident #3 included: wedge compression fracture of vertebra, and depression. A review of the progress notes revealed the following: 6/19/2025 12:01 Communication with FamilyNote Text: : On this day writer spoke with [family member]. [Family member] stated that resident's former roommate was screaming and yelling in the background while resident was on the phone with her and provider . [Family member] stated she did not appreciate the other resident's behavior and requested facility to move the other resident from near [Resident #3's] room .An interview was conducted on 07/24/2025 at 01:11 P. M., with the Social Services Director. She stated any needs or wants of residents go through her department and she makes sure grievances are resolved in a timely manner. She stated there were no grievances documented, related to Resident #3 for the month of June. She stated if a concern is raised by a resident, family member, or staff member in relation to a resident, then a grievance needs to be filed. She stated this applies to the Administrator and the Director of Nursing, (DON) as well.A review of grievance logs for the month of June 2025, revealed no grievances were filed related to Resident #3.On 07/24/2025 at 02:00 P. M., an interview was conducted with the Nursing Home Administrator (NHA). She stated in the month of June, around the sixteenth, she spoke with Resident #3's family member. She stated she told the family member she would look into the concerns. She stated she did not file a grievance and had no documentation to support an investigation into the family's concerns. She stated in lots of cases a concern is not considered a grievance unless it happens more than once.On 07/24/2025 the NHA provided the Resident and Family Grievances, policy for review, with a last revision date of 4/21/25, The policy revealed the following: Policy: It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal. Definitions: Prompt efforts to resolve include facility acknowledgment of a complaint/grievance and actively working toward resolution of that complaint/grievance. Policy Explanation and Compliance Guidelines:1. (Name and Title) has been designated as the Grievance Official and can be reached at (list contact information).2. The Grievance Official is responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances; issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations.4. A resident or family member may voice grievances with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and other residents, and other concerns regarding their LTC facility stay.8. Grievances may be voiced in the following forums: Verbal complaint to a staff member or Grievance Official. b. Written complaint to a staff member or Grievance Official. C. Written complaint to an outside party. d. Verbal complaint during resident or family council meetings. e. Via the company toll free Customer Service Line (if applicable).10. Procedure: e. The Grievance Official, or designee, will keep the resident appropriately apprised of progress towards resolution of the grievances. f. The facility will take appropriate action in accordance with State law if an alleged violation of resident's rights is confirmed by the facility or an outside entity, such as State Survey Agency, Quality Improvement Organization, or local law enforcement agency. g. In accordance with the resident's right to obtain a written decision regarding his or her grievance, the Grievance Official will issue a written decision on the grievance to the resident or representative at the conclusion of the investigation. The written decision will include at a i. The date the grievance was received. ii. The steps taken to investigate the grievance. iii. A summary of the pertinent findings or conclusions regarding the resident's concern (S). iv. A statement as to whether the grievance was confirmed or not confirmed. v. Any corrective action taken or to be taken by the facility as a result of the grievance. vi. The</p>		