

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Golfview Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3636 10th Ave N Saint Petersburg, FL 33713	

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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>43857</p> <p>Based on interviews, record review, and facility policy review, the facility failed to obtain copies of a portion of a medical record requested for one (#98) of nineteen sampled residents.</p> <p>The findings included:</p> <p>Review of a subpoena dated 1/29/2024, addressed to the facility with the Administrator's name revealed the facility was to deliver copies of medical treatment records, billing statements, and Power of Attorney documentation for Resident #98 for the time period of 8/1/2022 to current by 2/28/2024.</p> <p>On 5/15/24 at 5:27 PM, the Medical Records Director (MRD) reported that the facility changed to a new electronic medical record system in April of 2023. The MRD reported that the facility responded to the subpoena but was unable to provide documents prior to 4/31/2023. The MRD stated the party requesting the records was not informed that records from 2022 to 4/31/23 were not present in the medical records that were provided. The MRD reported that the Nursing Home Administrator (NHA) who was working when the request was received had sent an email to the corporate office about the inability to access medical records prior to 4/31/2023. The MRD confirmed that the facility was still without access to any residents electronic medical records prior to 4/31/23.</p> <p>A review of documentation revealed the NHA sent an email to several parties within the nursing home corporation on 2/9/24. The NHA stated the facility had changed to a different electronic medical record system on 5/1/2023, but they could no longer access any records from the old system due to lack of payment. The NHA informed the parties on the email that the facility had a medical record request for Resident #98, which could not be fulfilled due to the inability to access these records. On 3/14/24, the NHA inquired about any updates to allow for access to the old medical record system. A party from the corporation responded stating they had requested a look up agreement. No additional documentation related to access to the previous medical record system was provided.</p> <p>A review of facility policy Administration-Record Retention undated, showed it was the facility's policy to maintain medical records for a period of 7 years from the date of discharge or a period outlined by payer contracts, whichever is longer.</p> <p>A review of facility policy Administration-Medical Records, undated, showed the facility will retain medical records in accordance with State and Federal regulations.</p>

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: 105409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Golfview Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3636 10th Ave N Saint Petersburg, FL 33713	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48580</p> <p>Based on observation and interview, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety that included: proper storage and labeling in the upright freezer, proper cleanliness and temperature of the walk-in cooler, and proper cleanliness and labeling of one (Station #2) of two nourishment refrigerators. This had the potential to affect 47 residents receiving food service from the kitchen.</p> <p>The findings included:</p> <p>On 05/14/24 at approximately 09:00 AM, an initial tour of the kitchen revealed the upright freezer had several open bags of vegetables in the freezer door with no date. One of the bags was observed to be punctured. Additional bags of frozen food items were also undated on the shelves.</p> <p>Interview at the time of observation with the Dietary Manager revealed it was difficult to place dates on packages because the stickers come off and marker does not adhere to cold wet bags.</p> <p>Observation of the walk-in cooler revealed a liquid puddle was present on the floor next to a crate containing bags of onions. When the crate was moved, liquid and food debris were observed under the crate and storage shelves</p> <p>Interview at the time of observation with the Dietary Manager revealed she was unaware of the area prior to the observation. She stated she would clean it and have maintenance check for the source.</p> <p>Observation on 05/14/24 at 5:32 PM revealed the walk in cooler still contained liquid and debris on the floor where the crate was observed approximately 8 hours earlier. The Dietary Manager confirmed she had not cleaned the area observed during the initial tour. Observation of the thermometer in the walk-in cooler revealed the temperature was 52 degrees Fahrenheit.</p> <p>On 05/15/24 at 10:40 AM, the walk-in cooler was observed with a thermometer reading of 36 degrees Fahrenheit. Interview with the contracted Registered Dietitian present during the observation revealed all food was inspected and thrown away if there was a potential safety issue to include all eggs and dairy products. Observation of the contents of the walk in cooler revealed the bulk of items was fresh produce. The food debris from the previous day had been removed.</p> <p>05/16/24 at 09:00 AM, observation of Station #2's nourishment refrigerator revealed a take-out container dated 5/12/24 with a resident's last name. A covered bowl of mashed potatoes and gravy with no date or name. The freezer contained frost and an open frozen bottle of soda. Food debris in both the refrigerator and freezer was observed.</p> <p>On 05/16/24 at 09:50 AM, the Dietary Manager reported the nurses were responsible for cleaning of nourishment room refrigerators, and the Director of Nursing reported this was dietary's responsibility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Golfview Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3636 10th Ave N Saint Petersburg, FL 33713	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/16/24 at 10:12 AM , a telephone interview with the contracted Registered Dietician revealed there was no facility policy specific to cleaning of nourishment refrigerators. The Registered Dietitian reported this would fall under the Dietary/Kitchen Policy for maintenance and cleaning of dietary equipment. She stated a separate policy was not needed and this task would be added to the cleaning schedule.</p> <p>Photographic evidence was obtained.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Golfview Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3636 10th Ave N Saint Petersburg, FL 33713	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>43857</p> <p>Based on interview, record review, and facility policy review, the facility failed to maintain complete medical records for 24 current residents out of a total resident census of 47.</p> <p>The findings included:</p> <p>On 5/14/24 at 3:00 PM, a beneficiary notice was requested for Resident # 21.</p> <p>On 5/15/24 at 10:07 AM, the Interim Nursing Home Administrator (NHA) stated the facility could not provide Resident #21's beneficiary notice because the facility did not have access to the resident's full medical record. The Interim NHA stated the facility did not have access to the previous electronic medical record system used by the facility, which is where this document would be held.</p> <p>On 5/15/24 at 5:27 PM, the Medical Records Director (MRD) stated the facility began using a new electronic medical record system in May 2023. The MRD stated the facility did not have access to any residents' medical records prior to 4/31/2023.</p> <p>A review of the current census revealed 24 of 47 current residents were admitted to the facility prior to 4/31/2023.</p> <p>A review of the facility's undated policy titled Administration-Record Retention revealed medical records will be retained for a period of 7 years from the date of discharge or period outlined by payer contracts, whichever is longer.</p> <p>A review of the facility's undated policy titled Administration-Medical Records revealed the facility will retain medical records in accordance with State and Federal regulations.</p>		