

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/26/2024
NAME OF PROVIDER OR SUPPLIER  Terrace Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7207 SW 24th Ave Gainesville, FL 32608	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46523</p> <p>Based on interview and record review, the facility failed to ensure residents received copies of their medical records in a timely manner for 1 of 3 residents reviewed, Resident #1.</p> <p>Findings include:</p> <p>During an interview on 4/26/2024 at 11:26 AM, Resident #1's Daughter stated, I still have not received the medical records. I requested them in January 2024 and still get excuses.</p> <p>Review of the Durable Power of Attorney signed by Resident #1 on 7/28/2004 showed the resident appointed Resident #1's Daughter as the attorney-in-fact to manage all her affairs.</p> <p>Review of the email communication between Resident #1's Daughter and the Admissions Assistant dated 3/4/2024 read, I am touching base back with you since I had the meeting with the care plan staff on [DATE]. I discussed a few things and asked some questions that I have not gotten a response to yet . 2. Where are the copies of my dad's medical records that I have already requested to you since there has not been a medical records staff person yet?</p> <p>Review of email communication between Resident #1's Daughter and the Director of Nursing dated 3/19/2024 read, I am just checking to find out what is happening with getting the copies of my dad's records to me . I still do not know who is responsible for medical records since I first requested them back in January. Can you get all that together for me soon?</p> <p>During an interview on 4/26/2024 at 10:52 AM, the Administrator stated, I accept responsibility. There was a delay in providing medical record. Once the request is made, we should provide the medical records within 48 hours. When a record is requested, we have to send the request to corporate, and the legal team will review, and we provide the records.</p> <p>(continued on next page)</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:  106046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/26/2024
NAME OF PROVIDER OR SUPPLIER  Terrace Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7207 SW 24th Ave Gainesville, FL 32608	
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>During an interview on 4/26/2024 at 11:18 AM, the Admission Assistant stated, [Resident #1's name] daughter did request medical records. The request was made probably at the beginning of this year. She requested the record from me personally and I send the request to medical record and forwarded the email to the department she really needed to talk. She asked again about the medical records. I then told her to go to the receptionist desk and get a paper and do a medical records request. I left a note with reception, and she did pick up the medical record request form. I assume she did because she sent an email weeks later wanting an update. I have not heard from her this month. Maybe a couple of months ago that she sent them.</p> <p>Review of the facility policy and procedure titled Resident Identifiable Information/Medical Records issued on 4/1/2022 read, Policy: It is the policy of this facility to maintain a medical record for each resident in accordance with applicable federal and state guidelines. Procedure . 3. Medical Records on each resident will be accurately documented; readily accessible; and systematically organized.</p>		