

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/23/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105422	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER PINELLAS PARK FL OPCC, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 8701 49TH ST N PINELLAS PARK, FL 33782		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS A complaint survey for complaint numbers 2024002605, 2024012353, 2024015890, 2025000215, 2025004592, and 2024004709, was conducted from _____ thru _____ at Pinellas Park Post-Acute and Rehab Center. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities. Complaint #2024002605 had no deficiencies. Complaint #2024012353 had no deficiencies. Complaint #2024015890 had deficiencies cited at F812. Complaint #2025000215 had deficiencies cited at F761. Complaint #2025004592 had no deficiencies. Complaint #2024004709 had no deficiencies.	F 000			
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for	F 761			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

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.

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F 761	<p>Continued From page 1</p> <p>storage of controlled drugs listed in Schedule II of the Comprehensive Drug Prevention and Control Act of 1976 and other drugs subject to _____, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and record review, the facility failed to ensure all drugs used in the facility were labeled in accordance with clinical professional standards, on two of two floors and two of six medication carts.</p> <p>Findings included:</p> <p>On _____ at 12:07 P.M., during observation and interview with Staff A, Registered Nurse (RN), Staff A, RN opened the top drawer of a medication cart. During an inspection of the medication cart, labeling of two translucent brown medication bottles containing _____, had labels affixed with the following information: Notice to discard after forty-two days, with space to write the medication expiration date after the medication is first used and a yellow label with space to write the medication open date, expiration date, and staff initials. No information was written on the label. The inspection also revealed an _____ injector pen with a label to document the "date opened" of the medication, instructions to discard after 28 days, and an orange label with instructions, "do not use after" with space to write the date. The medication did not have dates documented. During an interview, Staff A, RN, said she did not know the expiration dates for the _____, and _____ and the labels should have been dated. (Photographic Evidence</p>	F 761	<p>Identified _____, _____, and _____ injector pens were discarded on 04/23/2025. On 04/23/2025 New medications were provided by the pharmacy and dated appropriately.</p> <p>Quality review was conducted on _____, by Director of _____, _____, by Director of Nursing/designee, of current medication carts to ensure proper labeling / storage of drugs and biologicals with emphasis on medications being dated at time of opening and discarding medication when expired.</p> <p>Any concerns noted were addressed as identified.</p> <p>Current Licensed Nurses were re-educated by Director of Nursing/designee on _____ the components of this regulation with emphasis on ensuring proper labeling / storage of drugs and biologicals with emphasis on medications being dated at time of opening and discarded at time of expiration.</p>	

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F 761	Continued From page 2 Obtained) On _____ at 12:20 P.M. during an observation of a 2nd floor medication storage cart and interview with Staff B, Licensed Practical Nurse (LPN) , there was one _____ injector pen labeled " _____ " as the open date and discard date was not listed. Staff B, LPN said the _____ should be discarded 28 days after the first use. She immediately removed the _____ injector pen from the medication cart. During an interview on _____ at 12:40 P.M, the Director of Nursing (DON) said when medications are first used, the facility expects staff to write the medication expiration dates on the labels. Review of the facility's policy titled Medication Administration, implemented on _____, showed: Policy: Medications are administered by licensed nurses, ... and in accordance with professional standards of practice, in a manner to prevent contamination or _____. Policy Explanation and Compliance Guidelines: ... 12. Identify the expiration date. If expired, notify the nurse manager. ...	F 761	The Director of Nursing/designee to conduct quality monitoring of medication carts to ensure proper labeling / storage of drugs and biologicals with emphasis on medications not being dated when opened and expired drugs twice weekly x 4 weeks, weekly x 2 weeks; then weekly and PRN as indicated. The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly. Quality Monitoring schedule modified based on findings with quarterly monitoring by the Regional Director of Clinical Services / designee.	
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.	F 812		

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F 812	<p>Continued From page 3</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and policy reviews, the facility failed to ensure kitchen equipment and surfaces were maintained in a clean and sanitary manner, washing sink was accessible with the supplies needed, and the overhead lighting was adequate in one of one kitchen.</p> <p>Findings included:</p> <p>On between 9:40 a.m. and 10:45 a.m., a tour of the facility kitchen was conducted with the Certified Dietary Manager (CDM) and the Dietary Supervisor. The following were observed during the kitchen tour:</p> <ul style="list-style-type: none"> - The handwashing sink located in the food preparation area was on the floor. There were three holes penetrating the wall, surrounded by wrinkled paper-like outer wall material and exposed dry, chalklike material. An uncapped white plastic accordion style drainpipe extended from the wall. The Certified Dietary Manager (CDM) said the handwashing sink off the wall and has been out of service for approximately two weeks. The CDM said the sink in the dishwashing area was available for staff. The sink in the dishwashing area was blocked by a dish rack 	F 812	<p>The handwashing sink located in the food preparation area was repaired on by maintenance.</p> <p>the dishwashing area sink was cleaned, and no objects are blocking access to the sink. the paper towel dispenser was filled with paper towels and a trash can was placed next to the sink. The commercial ice maker, ice storage bin, and floor was cleaned on</p> <p>Kitchen lighting was replaced by maintenance on . The floor drain in the dessert prep area was cleaned and the grease cover was replaced . Industrial can opener was purchased on and is cleaned daily and as needed. Walk-in refrigerator and freezer including the floors were cleaned on . The food preparation table including bottom shelves were cleaned . Red sanitizing bucket was emptied and kitchen floor including perimeters were cleaned</p> <p>Nursing Home Administrator and Dietary Manager completed a Kitchen inspection</p>	

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F 812	<p>Continued From page 4</p> <p>cart, the paper towel dispenser was empty, and a trash can was not beside the sink. Pieces of food partially blocked the flow of water in the sink.</p> <ul style="list-style-type: none"> - The commercial ice maker had dry white, tan, and black like material around the perimeter of the ice storage bin and on three sides of the exterior surface. like material was on the floor below the ice machine. The CDM said the ice machine vendor routinely cleans the ice machine. - The kitchen lighting was inadequate and there were five separate florescent ceiling lights not luminating. The CDM was unsure how long the lights had not been working. - The floor drain in the dessert, , brown/grey standing liquid approximately 1 inch below the floor. The grate cover of the drain was on the floor approximately 8 inches from the drain. - The industrial can opener located in the dessert preparation area was rusted with black substance around the tip of the blade. The CDM said a replacement opener was requested. - In the walk-in refrigerator and freezer, there was a used glove laying on the top shelf of a plastic cart, prepackaged food containers and trash lying on the floor, an open beverage can, and a carton of chocolate milk. The floors were covered with a thick layer of black, grey, and brown substance. The CDM said the kitchen cleaning checklist included cleaning the refrigerator and freezer. - The bottom shelves of the metal food preparation tables throughout the kitchen had brown rust appearing spots and a large crumbs and dry substances. - A red sanitizing bucket on the shelf below the steam table, with approximately 1/2 inch of cloudy liquid in a blue and white patterned cleaning cloth. Wet, cream-colored crumbs and a cooked noodle 	F 812	<p>and kitchen sanitation audit on . Any areas of concern were addressed as they were identified</p> <p>On , Nursing Home Administrator completed education with the Dietary Manager related to the components of this regulation with emphasis on kitchen sanitation, ensuring working handwashing sink was available in the kitchen and adequate lightening in the kitchen.</p> <p>Education was conducted on by Nursing Home Administrator on the component of this regulation with emphasis on maintaining proper sanitation standards throughout the food production and serving areas of the kitchen to include service table are clean, free from rust, working handwashing sink and adequate lightning.</p> <p>The Dietary Manager /designee will conduct a sanitation audit daily for one week then weekly for month and every 2 weeks for two months. A report on sanitation audit results will be submitted by the Dietary Manager to the Quality Assessment and Assurance Committee monthly x one quarter until substantial compliance is met.</p> <p>The findings of these quality monitoring's to be reported to the Quality Assurance/Performance Improvement Committee monthly. Quality Monitoring schedule modified based on findings with quarterly monitoring by the Regional Director of Clinical Services / designee.</p>		

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F 812	<p>Continued From page 5</p> <p>was on top of the cleaning cloth. The observation was completed after breakfast was served. The CDM said the solution in the cleaning buckets are changed every two hours and said the bucket was last changed during the previous shift.</p> <p>- The kitchen floor perimeters and under equipment had debris and dirt build up. The floor appeared sticky and rough and the grout between the tiles discolored. (Photographic Evidence Obtained)</p> <p>During an interview on _____ at 9:11 a.m., Staff D, Dietary Aide (DA), said every morning there are dishes from the previous evening and the food carts are "disgusting" and must be wiped down. Staff D, DA said she tried to keep everything clean but can only do so much. The handwashing sink has been broken for a few weeks. The walk-in refrigerator and freezer are cleaned weekly. Staff D, DA said there is not a schedule to deep clean the kitchen. The can opener is typically cleaned by the night cook. Staff D, DA cleans the can opener when it is "noticed" to be dirty.</p> <p>During an interview on _____ at 9:15 a.m., Staff E, DA, said each morning there are dirty dishes in the dish area, and it does not look like the night shift cleans. The facility does not have a routine to clean the entire kitchen. The _____ washing sink has been broken for a few weeks. Staff E, DA said the walk-in refrigerator and freezers are cleaned weekly.</p> <p>During an interview on _____ at 10:13 a.m., the Dietary Supervisor said a cleaning schedule is posted in the kitchen and should be completed by the end of each shift. There has been concerns with the night shift not cleaning and this morning</p>	F 812		

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F 812	<p>Continued From page 6</p> <p>there were dirty dishes. The Dietary Supervisor said she checks to see what was cleaned the night before and before the day shift goes home she verifies everything was cleaned. The kitchen was deep cleaned in . Cleaning the can opener is assigned to the cook, the dietary aid assigned to desserts. The ice machine gets wiped down and is typically cleaned when it is serviced. The washing sink and it has not been up for about two weeks. There are a few lights that still need to be fixed. She checks the dish machine with the aides every morning to ensure it is running properly.</p> <p>During an interview on at 10:15 a.m., after the Nursing Home Administrator (NHA) reviewed the photographic evidence of the kitchen taken on , the NHA said she was aware the sink was fixed, from the wall, and it was being worked on. She expected the kitchen to be cleaned.</p> <p>Review of the facility's Employee Cleaning List revealed listed tasks to be completed by the morning and evening cooks and the morning and evening dietary . Some of the daily tasks listed include, wash can opener, wipe down prep tables, sweep and mop walk in cooler floor, sweep freezer floor, wipe down ice machine, and polish. From to , all daily tasks were documented as completed.</p> <p>Review of the facility's Dietary Aide Job Description, last updated on , showed under Job Summary, "a dietary aide will keep food preparation areas sanitized and orderly."</p> <p>Review of the facility's Dietary Cook Job Description, undated, revealed under Additional</p>	F 812			

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F 812	Continued From page 7 Tasks, "Ensures the department, necessary equipment and supplies are cleaned and maintained in a safe manner." Review of the facility's Certified Dietary Manager Job Description, undated, showed under Job Summary, "... Dietary Department is maintained in a clean, safe and sanitary manner."	F 812			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 55212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
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NAME OF PROVIDER OR SUPPLIER PINELLAS PARK FL OPKO, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8701 49TH ST N PINELLAS PARK, FL 33782
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N 000	<p>INITIAL COMMENTS</p> <p>A complaint survey for complaint numbers 2024002605, 2024012353, 2024015890, 2025000215, 2025004592, and 2024004709, was conducted from _____ thru _____ at Pinellas Park Post-Acute and Rehab Center. Deficiencies were identified at the time of survey.</p> <p>Complaint #2024002605 had no deficiencies. Complain #2024012353 had no deficiencies. Complaint #2024015890 had no deficiencies. Complaint #2025000215 had deficiencies cited at N094. Complaint #2025004592 had no deficiencies. Complaint #2024004709 had no deficiencies.</p>	N 000		
N 094 SS=E	<p>59A-4.112(5), FAC Drug Labeling</p> <p>(5) Prescription drugs and biologicals used in the facility shall be labeled in accordance with currently accepted professional principles, Chapter 499, F.S. and Rules 64B16-28.108 and 64B16-28.502, F.A.C., as required by the Department of Health.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure all drugs used in the facility were labeled in accordance with clinical professional standards, on two of two floors and two of six medication carts.</p> <p>Findings included:</p> <p>On _____ at 12:07 P.M., during observation and interview with Staff A, Registered Nurse (RN), Staff A, RN opened the top drawer of a medication cart. During an inspection of the medication cart, labeling of two translucent brown medication bottles containing _____ had</p>	N 094	<p>Identified _____, _____, and _____ injector pens were discarded on _____. On _____ New medications were provided by the pharmacy and dated appropriately.</p> <p>Quality review was conducted on _____ by _____, Director of Nursing/designee, of current medication carts to ensure proper labeling / storage of drugs and biologicals with emphasis on medications being dated at time of opening and discarding medication when</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X8) DATE /25
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N 094	<p>Continued From page 1</p> <p>labels affixed with the following information: Notice to discard after forty-two days, with space to write the medication expiration date after the medication is first used and a yellow label with space to write the medication open date, expiration date, and staff initials. No information was written on the label. The inspection also revealed an injector pen with a label to document the "date opened" of the medication, instructions to discard after 28 days, and an orange label with instructions, "do not use after" with space to write the date. The medication did not have dates documented. During an interview, Staff A, RN, said she did not know the expiration dates for the _____ and _____ and the labels should have been dated. (Photographic Evidence Obtained)</p> <p>On _____ at 12:20 P.M. during an observation of a 2nd floor medication storage cart and interview with Staff B, Licensed Practical Nurse (LPN), there was one injector pen labeled "_____" as the open date and discard date was not listed. Staff B, LPN said the _____ should be discarded 28 days after the first use. She immediately removed the _____ injector pen from the medication cart.</p> <p>During an interview on _____ at 12:40 P.M, the Director of Nursing (DON) said when medications are first used, the facility expects staff to write the medication expiration dates on the labels.</p> <p>Review of the facility's policy titled Medication Administration, implemented on _____, showed: Policy: Medications are administered by licensed nurses, ... and in accordance with professional standards of practice, in a manner to prevent contamination or _____. Policy Explanation and Compliance Guidelines: ...</p>	N 094	<p>expired. Any concerns noted were addressed as identified.</p> <p>Current Licensed Nurses were re-educated by Director of Nursing/designee on _____ the components of this regulation with emphasis on ensuring proper labeling / storage of drugs and biologicals with emphasis on medications being dated at time of opening and discarded at time of expiration.</p> <p>The Director of Nursing/designee to conduct quality monitoring of medication carts to ensure proper labeling / storage of drugs and biologicals with emphasis on medications not being dated when opened and expired drugs twice weekly x 4 weeks, weekly x 2 weeks; then weekly and PRN as indicated.</p> <p>The findings of these quality monitorings to be reported to the Quality Assurance/Performance Improvement Committee monthly. Quality Monitoring schedule modified based on findings with quarterly monitoring by the Regional Director of Clinical Services / designee.</p>		

Agency for Health Care Administration

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N 094	Continued From page 2 12. Identify the expiration date. If expired, notify the nurse manager. ... Class III	N 094		