

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/08/2025
Form Approved OMB
No. 0938-0391

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 11/19/2024
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)		
F 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor each resident's preferences, choices, values and beliefs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39866</p> <p>Based on observations, interviews, and record reviews, the facility failed to preserve the quality of life related to therapy services for one (#6) out of 6 sampled residents.</p> <p>Findings included:</p> <p>Review of Resident #6's Admission Record revealed she was admitted to the facility on [DATE] with medical diagnoses of adjustment disorder with anxiety, chronic pain, spinal stenosis, lower back pain, edema, chronic pain syndrome, obesity, and bed confinement status. The resident also had a diagnosis of patient's noncompliance with other medical treatment and regimen due to unspecified reason with an onset date of 9/1/24.</p> <p>An interview was conducted on 11/19/24 at 4:45 PM with Resident #6. She said she wanted to have therapy so she could gain strength to be able to sit on the side of her bed and in her wheelchair again. She said she used to be able to sit in her wheelchair but now she just laid in bed all day, every day. She said it had been over a year since she had therapy and the last time she had therapy she was provided with therapy three times a week. She said she was able to have a Certified Nursing Assistant (CNA) help her roll over and sit up on the side of the bed and transfer into her wheelchair and she could move around her room in her wheelchair. She said the CNAs were supposed to keep working with her, but they had not helped, and she could not get anyone to help her with therapy. She said she told the Director of Nursing (DON) she wanted occupational therapy, and she said she would let them know to come look at her, but therapy never came. She said she had asked many times to have therapy again and they would not give her therapy, and she did not know why.</p> <p>Review of Resident #6's quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 9/13/24, Section C - Cognitive Patterns, revealed a brief interview for mental status (BIMS) score of 15 out of 15 which indicated she was cognitively intact.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 105409	Facility ID: 105409 If continuation sheet Page 1 of 5

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<p>F 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A phone interview was conducted on 11/19/24 at 4:50 PM with the Director of Therapy. She said they performed an occupational therapy screen on Resident #6 about a month ago and the resident wanted to have one person assist with perineal care, but she needed three-person maximum assistance for care. She said the resident would not use the full body mechanical lift machine because her back hurt her. The only way they could provide therapy services was if she used the full body mechanical lift to get into her wheelchair so they could assess her sitting tolerance in the wheelchair in the therapy gym. The Director of Therapy said since she would not use the full body lift, therapy could not work with her. She said Resident #6 was on therapy services about a year ago and she met her goals. She was discharged to the function maintenance program where the CNA's work on exercises to maintain her level of function.</p> <p>An interview was conducted with Resident #6 on 11/19/24 at 4:59 PM. She said all she wanted to do was exercise to get stronger so she could sit on the side of the bed and get into her wheelchair. She did confirm she could not use the full body mechanical lift because it hurt her back and the last time they used it on her she ended up at the hospital needing three shots of morphine. She said if she got therapy, the staff could assist in the transfer to the wheelchair without needing the full body mechanical lift.</p> <p>An interview was conducted with the Director of Nursing (DON and Staff A, Registered Nurse (RN) on 11/19/24 at 5:10 PM. Staff A, RN said she took care of Resident #6 and confirmed the resident had been asking for therapy services several times and she was not sure why she had not received therapy. The DON said she started working at the facility in August of 2024 and Resident #6 said she wanted to receive occupational therapy services, so she put in a therapy referral for them to screen the resident. The DON said when she gave therapy the screening consult the therapy department told the DON Resident #6 would not participate. The DON said she told the therapy department they still had to screen the resident because she could have a decline. The DON said she questioned therapy if they had screened the resident because the resident was still not on therapy services. The DON was told she was being argumentative about getting the resident therapy and the DON said she was just trying to help the resident. The DON also said the facility did not have a restorative program, it is called something else but the CNAs should be doing exercises with the resident when they go in to do care.</p> <p>An interview was conducted with the Nursing Home Administrator (NHA) on 11/19/24 at 5:51 PM. She said it looked like Resident #6 was screened several times but never picked up by therapy services because of lack of motivation. That's just what the therapist documented. The NHA said she was not sure how the resident was not motivated if she had not been picked up for therapy services. They said she has met her therapy potential.</p> <p>Review of Resident #6's physician orders revealed a physician order with a start date of 7/21/23 and an end date on 7/21/23 for Skilled PT (Physical Therapy) to evaluate and treat as indicated, a physician order with a start date of 7/21/23 and an end date of 11/24/23 for Skilled PT services POC [plan of care] to treat 12 times per 30 days with therapeutic exercises, therapeutic activity, gait training, and wheelchair management training, and a physician's order with a revision date of 8/17/23 and an end date of 11/24/23 for PT Clarification/recertification: To continue skilled PT services POC to treat 12 times per 30 days with therapeutic exercises, therapeutic activity, wheelchair management and gait training.</p> <p>Review of Resident #6's Physical Therapy PT Evaluation & Plan of Treatment dated 1/10/23 revealed the following under Patient Referral and History:</p> <p>(continued on next page)</p>		

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<p>F 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Current Referral:</p> <p>Reason for Referral/Current Illness: pt.[patient] is a 74 yo [year old] female referred to skill PT secondary to recent hospitalization on [DATE] s/p [status post] hysterectomy and suspected decline in level of independence with functional mobility At PLOF [prior level of function], pt. required SBA [stand by assistance] for bed mobility and total assist/[sit to stand mechanical lift] for stand pivot transfers. Pt. reports she is in too much pain to participate with skilled PT at this time and does not wish to participate. Pt. will continue use of [sit to stand mechanical lift] with staff for transfers and use of manual w/c [wheelchair].</p> <p>Prior Equipment:</p> <p>Equipment Prior to Onset: manual w/c, [sit to standing position mechanical lift] transfers.</p> <p>Prior Level(s) of Function:</p> <p>PLOF: Roll left and right = supervision or touching assistance; Sit to lying = supervision or touching assistance; Lying to sitting on side of bed = supervision or touching assistance; Sit to stand = dependent; Chair/bed to chair transfer = dependent; Toilet transfer = not applicable.</p> <p>Review of Resident #6's Physical Therapy PT Evaluation & Plan of Treatment also revealed the following under Functional Mobility Assessment:</p> <p>Bed mobility: Roll left and right = dependent; Sit to lying = dependent; Lying to sitting on side of bed = Dependent</p> <p>Transfers: Sit to stand = dependent; Chair/bed-to-chair transfer= Dependent</p> <p>Review of Resident #6's Physical Therapy Treatment Encounter Notes dated 1/10/23 revealed under the section Response to TX (Treatment), Response to Session interventions: unwilling to participate and requires total assist with functional mobility.</p> <p>Review of Resident #6's Occupational Therapy Evaluation & Plan of Treatment dated 10/15/24 revealed the following under Patient Referral and History:</p> <p>Current Referral:</p> <p>Reason for Referral/Current Illness: Patient is a [AGE] year-old female referred to Occupational Therapy Services from nursing secondary to noted motivation and improved rehab potential. At this time, patient demonstrates decreased motivation to perform consistency with OOB [out of bed] activities impacting rehab potential and progress with therapy services.</p> <p>Prior Level(s) of Functioning:</p> <p>PLOF: .Patient is Max x 2/Max A for functional mobility and uses [Full body mechanical lift] for functional transfers. Able to perform most UB [upper body] ADL [activities of daily living] tasks.</p> <p>(continued on next page)</p>		

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<p>F 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #6's Occupational Therapy Evaluation & Plan of Treatment also revealed the following under Other System/Condition Assessment:</p> <p>Pain: Patient has pain that interferes/limits functional activity? = No.</p> <p>Review of Resident #6's Occupational Therapy Treatment Encounter Notes dated 10/15/24 revealed the following under Summary of Daily Skilled Services:</p> <p>Evaluation: Patient presents with impairments in balance, mobility and strength resulting in limitations and/or participation restrictions in the areas of self-care, mobility and general tasks and demands, however at this time, patient does not require OT services due to decreased motivation to perform OOB activities and maximize rehab potential.</p> <p>Review of Resident #6's care plan, undated, revealed The resident has limited physical mobility r/t [related to] Weakness. The goal revealed The resident will remain free of complications related to immobility, including contractures, thrombus formation, skin-breakdown, fall related injury through the next review date. The interventions revealed Locomotion: The resident is totally dependent on (x 1) staff for locomotion using (wheelchair with leg rest). For locomotion on/off the unit. Locomotion: the resident uses (assistive device: wheelchair) for locomotion. Monitor/document/report PRN [as needed] any s/sx [signs/symptoms] of immobility: contractures forming or worsening, thrombus formation, skin-breakdown, fall related injury. Provide supportive care, assistance with mobility as needed. Document assistance as needed.</p> <p>Review of the facility policy titled Quality of Care - Specialized Rehabilitative and Restorative Services, undated, revealed under Intent: It is the intent of the facility to provide Specialized Rehabilitative and Restorative Services in accordance with State and Federal regulations.</p> <p>The policy also revealed the following under Procedure:</p> <ol style="list-style-type: none"> 1. The facility will provide specialized rehabilitative services such as, but not limited to physical therapy, speech language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity ., are required in the resident's comprehensive plan of care. 2. The facility will: <ul style="list-style-type: none"> a. Provide the required services; or b. In accordance with 483.70(g), obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act. 3. The facility will ensure that specialized rehabilitative services are provide under the written order of a physician by qualified personnel. <p>(continued on next page)</p>		

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