Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964916	A. BUILDING: _____ B. WING _____	11/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WEST BOYNTON BEACH	8220 JOG ROAD BOYNTON BEACH, FL 33437

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A 000	Initial Comments An unannounced licensure complaint survey, #2019012688 and 2019012910, was conducted on through at Brookdale West Boynton Beach. The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel	A 025		

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A 025	Continued From page 1 independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify a licensed physician when a resident exhibited signs of [illegible] or change in condition in order to rule out the presence of an underlying physiological condition that may have been contributing to excessive [illegible]. The facility failed to provide care and services appropriate to the needs of residents for continued residency. The facility also failed to provide observation of the resident's daily activities while on the premises of the general health, safety, and physical and emotional well-being of the resident for 1 of 3 sampled resident records reviewed. (Specifically, Resident # 1). The findings included: On [illegible] at 09:00 AM, a request was made to the Health and Wellness Director to provide the facility protocol and policy. On [illegible] at 10:00 AM, the policy was never provided.	A 025		

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A 025	Continued From page 2 A review of the incident report for Resident # 1 was conducted. It revealed that Resident #1 was admitted approximately around . He was discharged from the facility on . The report concludes that during this period, Resident # 1 sustained 14 in the Memory Care Unit. A review of the incident reporting log for the following months in the facility was conducted: = 30 / Census = 157 = 13 / Census = 157 = 20 / Census = 157 A review of Resident #1's Health Assessment form 1823 (AHCA 1823 form) revealed an initial exam dated . The resident suffers from the following diagnosis; , Prostatic Hyperplasia, and Sleep , . The form indicates the physical or sensory limitations are noted as unsteady gait. The section on the AHCA 1823 form under Special Precautions was left blank. Further review revealed the resident required assistance with the following Activities of Daily Living (ADL's); ambulation, bathing, , self-care grooming, toileting and transferring. It was unknown if the Resident used adaptive equipment to ambulate. A review of the medication list form of the AHCA 1823 form was conducted. The resident was prescribed 100 mg 1 tablet at night. The use of this medication can be prescribed as a or . The side effects listed on the medication can cause , blurred vision, and drowsiness. A medication analysis was not found in the medical chart to determine if this medication attributed to the	A 025		

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A 025	Continued From page 3	A 025		

On at 12:00 PM, an interview was conducted with the Health and Wellness Director (HWD). She stated, that 3 in a month would warrant a plan of care. She would request a test for , ( ), lab work, check the shoes, check the room and the environment, medication review, and check the , . She stated that she is surprised that she did not catch this regarding Resident #1. She confirmed that this is a high number of for a resident. She stated that she would have issued a 45-day discharge notice to a resident who sustained 14 in a year. However, a 45-day discharge notice was not found in Resident #1's file.

On at 12:15 PM, an interview was conducted with Staff A (Licensed Practical Nurse) of the Memory Care Unit revealed the following. She stated Resident # 1 was forgetful and didn't use his walker. They tried to wheel him in the wheelchair. He was on medication that made him woozy. She stated the daughter wanted to give the resident for his aggressive behavior. She confirmed Resident #1 had aggressive behavior.
She stated they tried to ween him off the medications.

On at 09:05 AM, an interview was conducted with the LPN (Staff B) of Memory Care. She stated the resident was also very strong-willed. She stated they did change his medication for his , .

On at 11:55 AM, an interview was conducted with the Administrator. She acknowledged that there should have been some interventions implemented during the stay of Resident # 1 , the excessive number of . She stated the Resident's family are

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A 025	Continued From page 4 involved in the medical profession. She stated they never complained. She confirmed that they did not meet with the Resident's family. The facility provided no further documentation indicating any evaluations, interventions to prevent reoccurrence and notifications to the physician Class III	A 025		
A 030 SS=D	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; [redacted] Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free	A 030		

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A 030	Continued From page 5	A 030		

telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and universal precautions; and,
8. The requirements for coordinating the delivery of services to residents by third party providers.
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there

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A 030	Continued From page 6 must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical . . . by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.	A 030		

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A 030	Continued From page 7 (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the	A 030		

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A 030	Continued From page 8 case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that	A 030		

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A 030	Continued From page 9 retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . , . . . or . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that their written grievance procedure for receiving and responding to resident complaints was followed. The facility also failed to be able to demonstrate that such procedure is implemented upon receipt of a complaint, for 1 of 3 sampled Resident records reviewed (Resident # 4).	A 030		

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A 030	Continued From page 10 The findings included: On a review of the facility grievance policy was conducted. The policy was entitled, "Resident Complaint/Grievance Procedure FL 12". The last revised date was , and . Policy Overview: A resident and or their guardian, on behalf of the resident, have the right to express complaints regarding the community and or its services. 1. Resident and/or resident's guardian should discuss complaint with the associate and/or Supervisor. 2. If unable to resolve complaint with step 1, the complaint should be submitted in writing to the Executive Director. The Executive Director should respond in writing to the resident and/or guardian within 14 days of the receipt of the complainant. The concerns forms are in each caregiver station or in the sign in book located in the foyer. On a review of the grievance log revealed that there was only one complaint logged in the book for the year of 2019. The grievance was dated . The review period was - On at 01:50 PM. The Administrator stated that Resident # 4's daughter called her and told her about the inaccurate bill from the Pharmacy. She stated the Resident's daughter expressed concerns about the medication billing. She did not have the concern/grievance noted in the grievance log. She went on to state that the local advocacy agency did come into the facility regarding the allegations of inaccuracy of medications. She confirmed that she had been	A 030		

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A 030	Continued From page 11 receiving grievances but had not been logging the complaints in the grievance book. She further stated, she would do so, going forward. She stated she had been handling issues and not documenting them. On [redacted] at 10:00 AM, an interview was conducted with the Administrator. She acknowledged the findings. Class III	A 030		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be	A 056		

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A 056	Continued From page 12	A 056		

appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.
(d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.
(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include

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A 056	Continued From page 13 the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. The facility failed to ensure that physical orders were followed for 1 of 4 sampled residents. (Specifically, Resident # 4). The findings included: On [redacted] a review of the facility medication policy was conducted. The policy was entitled "Medical Management Overview" The policy was last revised on the following dates: [redacted] Policy Overview: Trained or licensed associates may administer or assist the residents with medication management	A 056		

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	AL11964916	A. BUILDING: _____ B. WING _____	11/08/2019

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A 056	Continued From page 14 or medication administration or treatment per Physician Healthcare Order (HCP) order and as per state regulation. 1. Trained or licensed associate administering or assisting with medication should follow: a. The 7 rights of Medication of Administration: right dose, right time, right route, right resident, right documentation, and right right to refuse. On at 09:40 AM, an interview was conducted with a confidential source from a local advocacy agency. She stated she was contacted by a family member of Resident # 4. The relative told the confidential source that she received two bills from the pharmacy, one on that charged her for 56 , (28-day supply for two per day). The second bill dated was for 8 , and 4 , an , . At that time, , , there was no shipment from the pharmacy after the 8 , and 4 , on . She concluded that none of these medications were shipped nor given to her mother for at least , which explained the erratic behavior as described in her diary of events. The confidential source stated that she confirmed the following: 1). The med tech falsified the MORS 2) The Director of Nursing alleged she did not receive the email from the pharmacy to follow up 3) The pharmacy Delivery Sheets were wrong A review of Resident #4's Health Assessment form (AHCA 1823 form) revealed a completion date of . Further review revealed her diagnosis were not listed on the AHCA 1823 form; the medical billing codes were listed. A review of the Physician Order was conducted. The Physician Order was written for , 2.5	A 056		

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A 056	Continued From page 15 mg, take 1 tab by . . . twice a day at 10:00 AM, and 06:00 PM, dated . On . . . . . , a request was made for the Medication Observation Record (MOR) for . . . . . The record showed that for . . , the resident received all her AM , except for . . , while the PM meds indicated that no dosage was provided for 8 out of the first 12 days of the month. On . . . . . at 02:30 PM, an interview was conducted with the Health and Wellness Director (HWD). She says the Resident's daughter never complained to her. She stated the Licensed Practical Nurse (LPN/Staff F) at that time was responsible for ordering the medication. The Resident's daughter noticed that the bill was lower than normal. She could not locate any notes in the record to indicate that the physician or the authorized rep was called when the medication error was detected. She stated she cannot locate any notes from the physician regarding any orders for the lab work to determine if her levels are off as a result of not providing the medication for Resident # 4. The HWD stated she had thrown away documentation and evidence that this medication error investigation. She stated she confirmed that Staff F was terminated as a result of signing off on the , that was never administered to Resident # 4. She was terminated on . On at 03:05 PM, an interview was conducted with the Administrator. She confirmed that it was discovered that Staff F had been signing off on the MOR that she had been giving the medication to Resident # 4, when in fact she never received the order from the facility pharmacy. She stated there was a glitch with the	A 056		

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A 056	Continued From page 16 ordering process. An investigation and/or a Plan of Correction for the Medication Error was requested on . . . . . at 02:30 PM. On . . . . . at 10:00 AM, the documentation was not received. The pharmacy records including delivery sheets were not provided. On . . . . . at 10:00 AM, an interview was conducted with the Administrator. She stated they could not produce any further documentation regarding the medication error, due to the facility renovation. She stated the files were in different locations. She acknowledged the findings. Class III	A 056		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication	A 084		

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A 084	Continued From page 17 including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for [illegible] control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, [illegible] dosage forms, and [illegible] dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse	A 084		

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A 084	Continued From page 18 reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , rate, temperature, and rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training	A 084		

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A 084	Continued From page 19 that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, a licensed pharmacist, or agency staff. The agency shall establish by rule the minimum requirements of this additional training. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, a licensed pharmacist for 3 of 4 sampled Staff employee records reviewed (Staff B, C, and D). The findings included: A review of the employee records was conducted for the following unlicensed staff, who assist with self-administration of medication. It was revealed that they were missing the required training: They all work on the 07:00 AM - 03:00 PM shift. a) Staff C, was hired on . . . . . She had only 5 hours of training received on . b) Staff D, was hired on . She had only 4 hours of training received on .	A 084		

Agency for Health Care Administration

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A 084	Continued From page 20 She did not receive the 2 hour updated traning required after . c) Staff E, was hired on . . . . . She had a training certificate in the file dated entitled "Medication Technician" instead of "Assistance with self-administration of Medication. On . . . . . at 10:00 AM, an interview was conducted with the Admininstrator. She acknowledged the findings. Class III	A 084		