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
	AL11969061	A. BUILDING: _____ B. WING _____	07/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CREEK ST . . . . . LLLP	165 SILVER LN SAINT . . . . . , FL 32084

(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) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint numbers 2020010800 and 2020010670) with an emergency environmental control plan monitoring was conducted at Silver Creek St. . . . . on . . . . . The facility had deficiencies at the time of the survey.	A 000		
A 055	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to	A 055		

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A 055	Continued From page 1 other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise	A 055		

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A 055	Continued From page 2 prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and staff interviews the facility failed to enact systems to ensure centrally stored medications were safeguarded. This has potential to affect all residents of the facility with centrally stored medications. The findings include: Review of the Medication Observation Record (MOR) for ..... revealed Resident #4 did not receive the 9pm dose of , on ..... Further review of MOR found that 9pm doses on , and were documented as given, however the controlled substance log for the medication indicated the doses were not signed out. Review of an Adverse Incident Report filed by the facility related to a missing medication card showed that on the Administrator documented the staff's Med Techs would be	A 055		

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A 055	Continued From page 3 in-serviced on the facility's procedures for handling medications. A form was created to indicate the total count of .... medications at the beginning and end of each shift, and the Med Techs would have to verify the number of medication cards remaining as well as the count on each individual card. The form would be updated as new medications came to the facility or as they were discontinued. Employee B, a Med Tech, was interviewed at 10:30am on . At the end of her shift, she says she and the oncoming Med Tech do a count of the in the drawers and compare it to the count sheet. She was asked if there was ever a count done of the other cards left in the drawers, so staff would know how many of each were in the drawer, and she said there wasn't, they only count the medications. Employee C, a Med Tech, was interviewed on at 10:50am. When asked the procedure for keeping a count of controlled medications, she explained at the end of the shift she counted ..... in the drawer with the oncoming Med Tech. The number remaining in the bottles of in the cards got compared the the count sheets. She was asked if they also reconciled the remaining bottles or cards in the medication cart, and she said "No." An interview was conducted with the Wellness Director on .... at 2:10pm regarding the discrepancies on Resident #4's MOR and controlled substance sheet. She said the issue was discovered when Department of Children and Families (DCF) came into the facility ... . on complaint that residents were not receiving all medications. She was asked if the facility conducted routine medication record audits to	A 055		

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A 055	Continued From page 4 ensure medications were provided and documentation was completed after medication pass. She said random checks were done, but not with any frequency. She confirmed the facility had not yet implemented a system to audit medications and documentation since the issue was discovered in . . . Class III	A 055		