

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911439	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/02/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FOUNTAINS RESIDENCE AT MILL COVE

**9960 ATRIUM WAY
JACKSONVILLE, FL 32225**

(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 change of ownership survey in conjunction with complaint investigation (complaint number 2020003539 & 2020011894), limited nursing service monitoring, generator monitoring visit, and control focused survey was conducted at Fountains Residence at Mill Cove on . Deficiencies were identified at the time of survey.	A 000		
A 050	429.256(2) FS;59A-36.008(1) FAC Medication - Self Administered Medications 429.256(2) Residents who are capable of self-administering their own medications without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, consistent with a dispensed prescription ' s label or the package directions of an over-the-counter medication, assist a resident whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. Assistance with self-medication by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a resident or the resident ' s surrogate, guardian, or attorney in fact. For the purposes of this section, self-administered medications include both legend and over-the-counter oral dosage forms, , dosage forms, , patches, and , and dosage forms including solutions, suspensions, sprays, and inhalers. 59A-36.008 Pursuant to sections 429.255 and 429.256, F.S., and this rule, licensed facilities may assist with the self-administration or administration of	A 050		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER FOUNTAINS RESIDENCE AT MILL COVE			STREET ADDRESS, CITY, STATE, ZIP CODE 9960 ATRIUM WAY JACKSONVILLE, FL 32225		
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A 050	Continued From page 1 medications to residents in a facility. A resident may not be compelled to take medications but may be counseled in accordance with this rule. (1) SELF ADMINISTERED MEDICATIONS. (a) Residents who are capable of self-administering their medications without assistance must be encouraged and allowed to do so. (b) If facility staff observes health changes that could reasonably be attributed to the improper self-administration of medication, staff must consult with the resident concerning any problems the resident may be experiencing in self-administering the medications. The consultation should describe the services offered by the facility that aid the resident with medication administration through the use of a pill organizer, through providing assistance with self-administration of medications, or through administering medications. The facility must contact the resident's health care provider when observable health changes occur that may be attributed to the resident's medications. The facility must document such contacts in the resident's records. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that resident received medication consistent with a dispensed prescription's label and physician order for 1 of 3 residents reviewed for assistance with medication self-administration (Resident #10). The findings include: During an observations of Employee A, Med Tech. assisting resident #10 with medication self-administration on at 12:20 PM,	A 050			

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A 050	Continued From page 2 Employee A reviewed the Medication Observation Record (MOR) and removed the medication from the cart. She put a _____ medication into her _____ and applied on the resident's right _____. Employee A documented on the medication on the MOR. On _____ at 12:20 PM, Employee A was asked what medication Resident #10 received. She displayed a tube of _____ 1% _____. On the medication box the label read "Apply 2 grams _____, four times a day for right _____." When _____ asked how she ensured that Resident #10 received 2 mg she confirmed that she didn't measure the amount. She opened a new tube and it did not have the measuring applicator. Employee A was asked if resident does the medication application or the staff, she stated that the resident is supposed to apply the medication with supervision. The Director was informed of the observation on _____ at 2:00 PM, and she confirmed that Employee A did not follow the physician order. Review of the physician orders revealed orders for _____ Gel 1%. Apply 2 gram _____, four times a day for right _____, supervised self-administration. Record review of the policy and procedure titled, "Medication and Treatment- Administration Assistance" Effective Date: _____ read: Medication Assistance and/or treatment shall be provided in a safe and timely manner, and as prescribed by the resident's health care provider. 1. Only persons licensed or permitted by this State to prepare, assist and/ or administer and	A 050			

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A 050	Continued From page 3 document medication may do so. 3. Medication assistance and administration must be must be in accordance with the prescriber's orders. 5. The individual assisting and administering the medication must check the label three (3) times to verify the right medication, right dosage, right time, and right method of administration before giving the medication. Class III	A 050		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C.,	A 161		

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A 161	Continued From page 4 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity _____ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on a review of employee files and interview with Director of Human Resources, the facility failed to provide documentation that the required in service training for _____'s Level 1 was completed for 1 of 3 sampled employees (Employee A). The findings include:	A 161		

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A 161	Continued From page 5 A review of Employee A's personnel file found he was hired on _____ as a Resident Caregiver who was not core trained revealed there was missing documentation of the required four hours of training for _____'s Level 1 training within 3 months of hire. An interview was conducted with Director of Human Resources at on _____ at 3:40 pm, who confirmed the missing training for Employee A, but believed he had received the training. Class III	A 161		