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 |
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| | AL11910033 | A. BUILDING: _____ B. WING _____ | 01/05/2021 |

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| VILLAGE OF TAMPA BAY | 4100 E. FLETCHER AVENUE TAMPA, FL 33613 |

| (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 |
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| A 000 | Initial Comments<br><br>A complaint investigation (complaint number: 2020020617) and a focused control visit were conducted at Village of Tampa on . Deficiencies were identified at the time of survey. | A 000 | | |
| A 053 SS=G | 59A-36.008(4) FAC Medication - Administration<br><br>(4) MEDICATION ADMINISTRATION.<br>(a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label.<br>(b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record.<br>(c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff.<br>(d) A facility that performs clinical laboratory tests for residents, including testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and chapter 483, part I, F.S. A valid copy of the State Clinical Laboratory License, if required, and the federal CLIA Certificate must be maintained in the facility. A state license or federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical | A 053 | | |

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| A 053 | Continued From page 1<br><br>Laboratory License or a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the State Clinical Laboratory License and federal CLIA Certificate is available from the Laboratory Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the Facility failed to ensure proper medication administration of medications by a Licensed Practical Nurse (LPN) for four Resident (#1, #7, #8, and #9) of four sampled residents in which one Resident (#1) was injured due to receiving the wrong medications and the Facility placed Residents #7, #8, and #9 at risk for injury of medication errors.<br><br>Findings Included:<br><br>During a record review for Resident #1 on . . . . . and . . . . . , revealed that Resident #1 was admitted to the Hospital in critical condition and continued to deteriorate while at the Hospital for receiving medications that belonged to Resident #12 from Staff D on .<br><br>During an observation of the medication pass with Staff A (LPN) for Residents #7, #8, and #9, conducted on beginning at 12:08pm revealed the following:<br><br>*While assisting Resident #7 with . . . . , Staff A did not compare the medication label to the Medication Observation Records (MORs). | A 053 | | |

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| A 053 | Continued From page 2<br><br>*At 12:17pm, Staff A did not compare Resident #8's medication labels with the MORs Staff A was unable to give Resident #8 the medication, which the pills had been popped from the medication pack into a plastic medication cup. Staff A placed plastic medication cup with the pills into the top drawer of the medication cart and did not label the medication as belonging to Resident #8 at 12:22pm.<br><br>*At 12:23pm, while assisting Resident #9 with Aspart and / 0.5mg/3ml inhalant medication, Staff A did not compare the medication labels to the MORs. Staff A did not identify Resident #9. Staff A did not wash his after administering the medication and proceeded to set up Resident #9's inhalant medication. Staff A did not observe Resident #9 take the full dose of the inhalant medication.<br><br>*At 12:26pm, Staff A returned to the medication room and retrieved the unlabeled plastic medication cup with Resident #8's pills in it and proceeded to the resident's room. Staff A did not identify Resident #8. Staff A stated, "do you mind if I give you these".<br><br>*At 12:32pm, Staff continued to not observe or check on Resident #9 who was taking her inhalant treatment.<br><br>During an interview with the Administrator, conducted on at 01:30pm, the Administrator stated that Resident #1 was sent to the Hospital due to receiving Resident #12's medications and not his own medications from Staff D on . The Administrator stated that Resident #1 and #12's rooms were adjacent | A 053 | | |

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| A 053 | Continued From page 3<br><br>from each other and they had similar last names. The Administrator stated that there was no formal in-servicing or training provided to any staff regarding the prevention of medication errors after Resident #1 received the wrong medication by Staff D. At 04:13pm, the Administrator stated that licensed Practical Nurses and unlicensed Medication Technicians should be telling name and dose of medications to residents and that they should compare medication labels to residents' MORs. The Administrator stated that the Nurses and Medication Technicians should be identifying the residents before giving the medication and observing residents take their medications.<br><br>Class II | A 053 | | |
| A 055 SS=D | 59A-36.008(6) FAC Medication - Storage and Disposal<br><br>(6) MEDICATION STORAGE AND DISPOSAL.<br>(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.<br>(b) Both prescription and over-the-counter medications for residents must be centrally stored if:<br>1. The facility administers the medication;<br>2. The resident requests central storage. The facility must maintain a list of all medications | A 055 | | |

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| A 055 | Continued From page 4 | A 055 | | |

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 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

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| A 055 | Continued From page 5<br><br>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.<br>(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 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).<br>(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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the Facility failed to keep centrally stored medication in a locked cabinet or cart secured at all times.<br><br>Findings Included:<br><br>During an observation of the medication pass with Staff A (a Licensed Practical Nurse), conducted on , at 12:08pm, Staff A left | A 055 | | |

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| A 055 | Continued From page 6<br><br>the medication room's door wide open and the medication refrigerator unlocked while he went to Resident #7's room to give the resident her medications and returned to the medication room at 12:15pm. At 12:17pm, Staff A left the medication room's door wide open, the medication refrigerator unlocked, and the medication cart unlocked while he went to Resident #8's room to give the resident his medication and returned to the medication room at 12:22pm. At 12:23pm, Staff left the medication room's door wide open, the medication refrigerator unlocked, and medication on top of the medication cart while he went to Resident #9's room to give the resident her medication and returned to the medication room at 12:25pm. At 12:26pm, Staff left the medication room's door wide open and the medication refrigerator unlocked when he returned to Resident #8's room. The medication refrigerator contained multiple residents' medications.<br><br>During an interview with the Administrator, conducted on at 04:13pm, the Administrator agreed that medication should be locked/secured at all times.<br><br>Class III | A 055 | | |
| A 162 SS=D | 59A-36.015(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2.<br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known, | A 162 | | |

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| A 162 | Continued From page 7<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of other health insurance . . . ,<br>8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and,<br>9. Name, address, and telephone number of the health care provider and case manager, if applicable.<br>(b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C.<br>(c) Any orders for medications, nursing services, therapeutic diets, . . . . . , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.<br>(d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable.<br>(e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C.<br>(f) A ␣ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ␣ recorded semi-annually.<br>(g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.<br>(h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained | A 162 | | |

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| A 162 | Continued From page 8<br>pursuant to rule 59A-36.008, F.A.C.<br>(i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C.<br>(j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S.<br>(k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S.<br>(l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.<br>(m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.<br>(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C.<br>(o) The resident's , DH Form 1896, if applicable.<br>(p) For independent living residents who receive meals and occupy beds included within the | A 162 | | |

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| A 162 | Continued From page 9<br>licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility:<br>1. A log listing the names of residents participating in this arrangement,<br>2. The resident demographic data required in this paragraph,<br>3. The health assessment described in rule 59A-36.006, F.A.C.,<br>4. The resident's contract described in rule 59A-36.018, F.A.C.; and,<br>5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.<br>(q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.<br>(r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the Facility failed to obtain a -to- Health Assessments with all required data documented completely on the Agency for Health Care Administration's Form 1823 (1823) as required for two Residents (#4 and #5) of three sampled | A 162 | | |

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| A 162 | Continued From page 10<br>residents.<br><br>Findings Included:<br><br>A record review for Resident #4, conducted on , revealed that Resident #4's 1823 dated did not identify the resident's physical/sensory limitations or /behavioral status.<br><br>A record review for Resident #5, conducted on , revealed that Resident #5's 1823 dated did not state the type of assistance that the resident required for medication administration and did not have the Examiner's name, medical license number, telephone number, or address.<br><br>During an interview with the Administrator, conducted on at 04:13pm, the Administrator agreed that Residents #4 and #5's 1823s did not have all required data.<br><br>Class III | A 162 | | |
| A 165 SS=D | 429.23( & ) FS; 59A-36.016 FAC Risk Mgmt & QA; Adverse Incident Report<br><br>429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.-<br>(1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond | A 165 | | |

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| A 165 | Continued From page 11<br>quickly to identify quality differences.<br>(2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means:<br>(a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in:<br>1. ;<br>2. or damage;<br>3. Permanent ;<br>4. or of bones or joints;<br>5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;<br>6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or<br>7. An event that is reported to law enforcement or its personnel for investigation; or<br>(b) Resident elopement, if the elopement places the resident at risk of harm or injury.<br>(3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency ' s online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident.<br>(4) Licensed facilities shall provide within 15 days, through the agency ' s online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results | A 165 | | |

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| A 165 | Continued From page 12<br>of the facility ' s investigation into the adverse incident.<br><br>(6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415.<br>(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.<br>(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.<br>(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.<br>(10) The agency may adopt rules necessary to administer this section. | A 165 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11910033 | A. BUILDING: _____ B. WING _____ | 01/05/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| VILLAGE OF TAMPA BAY | 4100 E. FLETCHER AVENUE TAMPA, FL 33613 |

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| A 165 | Continued From page 13<br><br>59A-36.016 Adverse Incident Report.<br>(1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to rule 59A-35.110, F.A.C., which requires online reporting.<br>(2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1), above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to rule 59A-35.110, F.A.C., which requires online reporting.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the Facility failed to have a risk management and quality assurance program to assess incident reports regarding medication error or develop a corrective action plan for medication errors. Furthermore, the Facility failed to report an Adverse Incident to the Agency for Health Care Administration for one Resident (#1) of one sampled resident who received the wrong medication and was sent to the hospital and was found in critical condition due to the medication error upon arrival to the Hospital.<br><br>Findings Included:<br><br>During an interview with Resident #1's responsible party (RP), conducted on at 01:02pm, the RP stated that Resident #1 was admitted to the Hospital on after receiving medication that belonged to Resident #12 from Staff D (a licensed Practical Nurse) at the Facility. The RP stated that Resident #1's condition deteriorated while at the Hospital and | A 165 | | |

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| A 165 | Continued From page 14<br>the resident was not expected to make it and continued in the Hospital.<br><br>A review of Resident #1's Hospital record, conducted on , revealed that Resident #1 was admitted to the Hospital after being administered the wrong medication regimen (See Photographic Evidence2 for medication comparison) and was Bradycardic and in , Distress upon arrival and was admitted for severe , , and Hyptention, page 13. On page 20, the report stated that Resident #1 was given another resident's medicationss and developed and was noted to be Diaphoretic and and had two episodes of , one before arrival and one in the emergency department. On page 31, the report stated that Resident #1 had some secondary to both and wrong medication being given and close monitoring of the resident with and was requried for potential for Acute Deteoriation (See Photographic Evidence1).<br><br>During a medication pass observation with Staff A for Residents #7, #8, and #9, conducted on between 12:08pm through 12:32pm, Staff A did not follow proper medication administrator or assistance with medication administration and failed to medications locked and secured at all times.<br><br>A record review for Resident #1, conducted on , revealed that Resident #1's health assessment form dated stated that the resident required assistance with self-administration of medications.<br><br>A review of the one- and fifteen-day Adverse | A 165 | | |

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| A 165 | Continued From page 15<br><br>Incident Reports (AIRs), conducted on , revealed that the one- and fifteen-day AIRs was handwritten. There was no evidence provided that the AIRs were electronically submitted as required. The handwritten report stated that Staff D (a licensed Practical Nurse) administered medications to the wrong resident due to possible and the room adjacent to each other.<br><br>During an attempt to review an in-house incident report, conducted on , there was no in-house incident report to review.<br><br>During an attempt to review disciplinary actions for Staff D, conducted on , there was no disciplinary action to review.<br><br>During a telephone interview with Resident #1's health care provider, conducted on at 03:21pm, Resident #1's health care provider stated that Resident #1 was given the wrong oral medications by Staff D.<br><br>During a text interview with Staff D with the Administrator's cellular telephone, conducted on at 03:25pm, Staff D agreed that she had given Resident #1 oral medications that belonged to Resident #12.<br><br>During an interview with the Administrator, conducted on at 01:30pm, the Administrator stated that Resident #1 was sent to the Hospital due to receiving Resident #12's medications and not his own medications. The Administrator stated that Resident #1 and #12's rooms were adjacent from each other and they had similar last names. At 02:54pm, the Administrator agreed that the Facility did not electronically submit a one- and fifteen-day AIRs | A 165 | | |

Agency for Health Care Administration

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| A 165 | Continued From page 16<br><br>to the Agency for Health Care Administration. The Administrator stated that Staff D was given a verbal reminder of proper medication pass procedures and that there were no written disciplinary actions for Staff D. The Administrator stated that there was no formal in-servicing or training provided to any staff regarding the prevention of medication errors.<br><br>Class III | A 165 | | |