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
	AL11969289	A. BUILDING: _____ B. WING _____	R 10/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST	420 ROPER RD WINTER GARDEN, FL 34787

(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 052} SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident ' s medications or dosages change. (c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform -	{A 052}		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{A 052}	Continued From page 1 level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not include: (a) Mixing, converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of	{A 052}		

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{A 052}	Continued From page 2	{A 052}		

dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.
(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.
59A-36.008
(3) ASSISTANCE WITH SELF-ADMINISTRATION.
(a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule.
(b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed.
(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.
(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.
(e) When a resident who receives assistance with

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{A 052}	Continued From page 3 medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication.	{A 052}		

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{A 052}	Continued From page 4 This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observations, review of medication observation record (MOR) and interview, the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times. Findings: Observation on at 10 AM revealed resident #4 and staff E were present in the room. Observations revealed the resident had 2 bottles of (that were not in prescription tabled packages) on the seat of her walker. The resident said staff E had just assisted her with her shower. Staff E was about to leave the room when resident #4 asked him if he could give her to her, she informed him to give the one with the white top. Staff E said yes and placed the with the white top in her left . He was asked at the time if he was an unlicensed staff who assisted with medications, and he said that he was. He then eft the room. Resident #4 said she did all her medications except for the and she kept them in her room. Review of the medication bottle with the white top reveal it noted Polymyx B a 10 Milliliters The resident said she received the twice daily, 1 drop in her left was an and the other that was on her walker's seat was for pressure in her that she took twice daily also.	{A 052}		

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{A 052}	Continued From page 5 On at 10:20 AM, staff D, an unlicensed staff who assisted with medication was asked to provide the MOR for resident #4. Review of the electronic MOR for resident #4 revealed it noted Polymyx B/Trimeth OPTH SOLN instill 1 drop into left twice daily at 8 AM and 8 PM. There were initials listed on the MOR for at 8 AM. Staff D said at the time the initials were hers. She was asked at the time if she gave the to resident #4. Staff D said stated yes, she did after the resident received her shower. She was asked at the time if the resident had received the medication twice because the resident had just received the same from staff E, who had assisted the resident with her shower. She said staff E was not on the medication cart for the day and was not assisting with medications. She was informed again that the agency staff had just observed him giving the resident the that she signed for. Staff D said again that she gave them to the resident and said she was going to speak with staff E about it and left the room. The regional clinical said on at 11:15 AM, said she had spoken with staff D and found out that resident #4 did not receive the twice. She said staff D gave resident #4 her other before she had her shower. She said she had to wait 15 minutes before providing the next when she returned to resident #4's room to provide the staff E was assisting her with her shower. She said staff D said she was going to return to give the to the resident after her shower and she went ahead and signed the MOR.	{A 052}		

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{A 052}	Continued From page 6 The facility staff did not follow the procedures when assisting with the self-administration of the resident's medication. The medication that was provided was not in the properly labeled container, staff E did not confirm the medication was intended for resident #4 by orally advising her of the medication name, dosage and did not document the MOR when he gave the medications. Class III	{A 052}		
A 054 SS=B	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication	A 054		

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A 054	Continued From page 7 is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on medication observation record (MOR) review and interview, the facility failed to ensure the MOR was accurately updated for 1 of 2 sampled residents (#4) who received assistance with self-administered medications. Findings: Observation on at 10 AM revealed resident #4 and staff e was present in the room. Observations revealed the resident had 2 bottles of , , (that were not in prescription tabled packages) on the seat of her walker. The resident said staff e had just assisted her with her shower. Staff e was about to leave the room when resident #4 asked him if he could give her , , to her, she informed him to give the one with the white top. Staff e said yes and placed the , , with the white top in her left , . He was asked at the time if he was an unlicensed staff who assisted with medications and he said that he was. He left the room. Resident #4 said at the time that she did all of her medications except for the , , , and she kept them in her room. Review of the medication bottle with the white top reveal it noted Polymyx B a , 10 Milliliters. The resident said she received the , ,	A 054		

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A 054	Continued From page 8 twice daily, 1 drop in her left , was a and the other , , that was on her walker's seat was for pressure in her , . . that she took twice daily also. On at 10:20 AM, staff d, an unlicensed staff who assisted with medication was asked to provide the Medication Observation Record (MOR) for resident #4. Review of the electronic MOR for resident #4 revealed it noted Polymyx B/Trimeth OPTH SOLN instill 1 drop into left , twice daily at 8 AM and 8 PM. There were initials listed on the MOR for at 8 AM. Staff d said at the time the initials were hers. She was asked at the time if she gave the , , to resident #4. Staff d said stated yes she did after the resident received her shower. She was asked at the time if the resident had received the medication twice because the resident had just received the same , , , , from staff e, who had assisted the resident with her shower. She said staff e was not on the medication cart for the day and was not assisting with medications. She was informed again that the agency staff had just observed him giving the resident the , , , , that she signed for. Staff d, said again that she gave them to the resident and said she was going to speak with staff e about it and left the room. The regional clinical , , , , said on at 11:15 AM, that she had spoken with staff d and found out that resident #4 did not receive the , , twice. She said staff d gave resident #4 her other , , , , before she had her shower. She said she had to wait 15 minutes before providing the next , , , , when she returned to resident #4's room to provide the , , staff e was assisting her with her shower. She said staff d	A 054		

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A 054	Continued From page 9 said she was going to return to give the [illegible] to the resident after her shower and she went ahead and signed the MOR. The staff d unlicensed staff that assisted with medications initialed the MOR prior to giving resident #4 her medication, when staff e actually provided the [illegible] and his initials where not noted on the MOR as giving the [illegible] as required. Class III	A 054		
{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	{A 056}		

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{A 056}	Continued From page 10 circumstances under which it would be 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	{A 056}		

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{A 056}	Continued From page 11 manufacturer's packaging, which must include 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: DEFICIENCY REMAINED UNCORRECTED Based on medication observation record (MOR), observations and interviews, the facility failed to make every reasonable effort to ensure a prescription was filled in a timely manner for 1 of 2 sampled residents (#7) who received assistance with medications and did not follow its medications policy for refills. Findings: Review of the electronic MOR on [redacted] at 12:15 PM for resident #7 revealed it noted [redacted] ( ) 325 milligrams (mg) take 2 tablets at breakfast, lunch, and dinner. Staff D, an unlicensed staff who assisted residents with their medication said at the time	{A 056}		

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{A 056}	Continued From page 12 there was only one pill left in the bottle. She said she had notified the nurse last week that the resident needed his medications reordered. And they were waiting on the resident's family member to provide the medication. Observations of the bottle of , 325 mg revealed there was only one pill in the bottle and resident #7 was to have two. The unlicensed staff and a nurse were observed checking the medication storage cabinet. They both said they could not find any for resident #7. Observations of the medications pass on at 12:20 PM revealed the resident was sitting in his room and the nurse was present taking his vitals. The nurse informed the resident there was only 1 pill left and he was supposed to have 2. Resident #7 asked why was it that he only had 1 pill. Staff D informed him the facility was waiting for it to come in. Staff D asked him at the time if he wanted to take the 1 pill. Resident #7 said ""well if that's all you have, I will take it. A facility note dated at 2:38 PM documented the nurse called into the VA pharmacy for refill of 325 MG. Medication will be dispensed in about a week or two, once ordered. Resident's family member updated of the situation and will bring in tomorrow. Will continue to monitor. There was no documentation provided that the facility had made reasonable efforts after to obtain the resident's from the family member. Review of the facility's medication policy for Pharmacy Services revealed it noted: If you choose to use your own local or mail-order pharmacy, administrative cost associated with	{A 056}		

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{A 056}	Continued From page 13 managing non-preferred pharmacy medication will be reflected in your evaluation and you will be charged accordingly. You assume responsibility for ordering, pick up and insurance billing. You are required to keep an adequate supply (minimum three days) of medication in stock at all times. If your supply drops below the required level, we are required by law to have your prescription filled immediately. You will be responsible for all charges incurred. Mail order or VA pharmacies can take up to two weeks for delivery, so plan accordingly. The facility did not follow its policy to fill the prescription immediately when the medication supply dropped below three days to ensure that the resident did not run out of his medication. On [redacted] at 1 PM, the administrator confirmed the findings. Class III	{A 056}		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [redacted], 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969289	A. BUILDING: _____ B. WING _____	R 10/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 162	Continued From page 14 of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (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. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (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. (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. (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 pursuant to rule 59A-36.008, F.A.C. (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. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in	A 162		

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A 162	Continued From page 15 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. (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. (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. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (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. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the 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: 1. A log listing the names of residents	A 162		

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A 162	Continued From page 16 participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 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. (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. (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. This Statute or Rule is not met as evidenced by: Based on observations, medication observation records (MOR), record review and interview, the facility did not obtain an order from a health care provider to allow staff to assist 1 of 2 sampled resident's (#4) with her . Findings: Observation on at 10 AM revealed resident #4 and staff E was present in the room. Observations revealed the resident had 2 bottles of , , (that were not in prescription tabled	A 162		

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A 162	Continued From page 17 packages) on the seat of her walker. The resident said staff E had just assisted her with her shower. Staff E was about to leave the room when resident #4 asked him if he could give her , , to her, she informed him to give the one with the white top. Staff E said yes and placed the , , with the white top in her left , . He was asked at the time if he was an unlicensed staff who assisted with medications, and he said that he was. He then left the room. Resident #4 said at the time that she did all her medications except for the , . . . , . and she kept them in her room. Review of the medication bottle with the white top reveal it noted Polymyx B . . . . . a . . . . . 10 Milliliters. Record review for resident #4 revealed her resident health assessment form 1823 that was dated noted the resident did not require assistance with the self-administration of medication and was able to administer medications without assistance. A health care providers order dated noted Polytrim 10000 unit-1 milligram drops-1 drop into left , twice daily. - 22. .8 mg/ml drops-1 drop into both , . . twice a day. Vyzulta drops-drop into right , once day wait 5 minutes between drops. Review of the electronic MOR for . . . . . revealed for the Polymyx B/Trimeth OPTH SOLN instill 1 drop into left , . twice daily at 8 AM and 8 PM, Dorzol/Timol 22. Milligrams SOL-instill 1 drop into each , twice daily and . . . . . 0,005% Soln-instill 1 drop in right , every evening had staff initials as providing the , , when needed. All the other medications	A 162		

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A 162	Continued From page 18 listed on the MOR was not signed by the staff. On at the regional clinical confirmed the resident did not require assistance with her medication and the staff were assisting her with the , and there was no health care provider's order to do so. Class III	A 162		