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 12/13/2021

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 000	Initial Comments A second revisit to Complaint Investigations #2021008353, 9624, 10203 was conducted at West on . 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 shall 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 must notify the resident ' s representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for 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	A 025		

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A 025	Continued From page 1 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 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: DEFICIENCY REMAINED UNCORRECTED Based on record reviews and interviews, the facility failed to follow a health care provider's order for 1 of 4 sampled residents (#7). Findings: Review of resident #7's record revealed an 1823 health assessment form, dated [redacted], that indicated the resident's diagnoses included [redacted], and [redacted] and that he required assistance with self-administration of medications.	A 025		

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A 025	Continued From page 2 The record contained a health care provider's order, dated , to check an (B/P) sitting and standing daily for 2 weeks. Review of resident #7's medication observation record (MOR) revealed that only one B/P reading was available each day, and not two, to indicate both a sitting and standing pressure was obtained. On at 10:30 a.m., the regional clinical , confirmed the findings and was unable to provide additional documentation. On at 10:44 a.m., staff F, who checked the resident's B/P that morning, said she obtained only a sitting B/P. In addition, she identified other dates on the resident's MOR and said she only checked a sitting on those dates as well. Class III	A 025		
{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	{A 052}		

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{A 052}	Continued From page 3 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 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 052}		

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{A 052}	Continued From page 4 (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 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 or older, trained to assist with self	{A 052}		

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{A 052}	Continued From page 5	{A 052}		

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 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

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{A 052}	Continued From page 6 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. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observations, record reviews and interviews, the facility failed to ensure an unlicensed staff member who assisted 1 of 2 sampled residents with self-administration of medications followed the correct procedures (#13). Findings: Observations made during a medication pass for	{A 052}		

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{A 052}	Continued From page 7 resident #13 on [redacted] at 9:10 a.m. revealed unlicensed staff F sanitized her [redacted], unlocked the med cart, removed med packages then compared the packages to the info on the MOR. She locked the cart then took the packages to the resident's room. She identified the resident by name then said the name of each medication aloud. Upon doing so, the resident began asking questions about the meds. Staff F called for a nurse to come to the resident's room. The regional clinical [redacted] came to the room and spoke with the resident about her meds. Staff F returned to the cart and put the unopened med pkgs into it. On [redacted] at 9:27 a.m., staff F stood at the med cart then poured all of resident #13's meds into a cup. They were all packaged together so she removed the [redacted], tablet, the one in which the resident was concerned about and the one she wanted to discuss further with the health care provider before taking. Staff F then put the remaining meds into a plastic sleeve and proceeded to crush them. She then poured them into a cup and went to retrieve some applesauce. She returned then mixed the applesauce with the meds. She took the mixture into the resident's room, approached the resident then spooned the mixture into the resident's [redacted]. Staff F did not make any attempts to have the resident participate during the process. Staff F did not prepare the medications in the resident's presence, as required, and she administered the medication, which is a task she was not licensed to perform. On [redacted] at 9:38 a.m. the findings were discussed with staff F, the wellness director, and the regional clinical [redacted]. When asked	{A 052}		

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{A 052}	Continued From page 8 whether the resident was able to spoon the mixture into her own , staff F said yes. When asked why she did it herself and why she did not crush the meds in the resident's presence, staff F said, "that's how I was taught." Class III	{A 052}		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not	A 078		

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A 078	Continued From page 9 constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training,	A 078		

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A 078	Continued From page 10 preparation, and experience by allowing an unlicensed caregiver to administer medications to 1 of 2 sampled residents (#13). Findings: Observations made during a medication pass for resident #13 on at 9:10 a.m. revealed unlicensed staff F sanitized her , unlocked the med cart, removed med packages then compared the packages to the info on the MOR. She locked the cart then took the packages to the resident's room. She identified the resident by name then said the name of each medication aloud. Upon doing so, the resident began asking questions about the meds. Staff F called for a nurse to come to the resident's room. The regional clinical , came to the room and spoke with the resident about her meds. Staff F returned to the cart and put the unopened med pkgs into it. On at 9:27 a.m., staff F stood at the med cart then poured all of resident #13's meds into a cup. They were all packaged together so she removed the , tablet, the one in which the resident was concerned about and the one she wanted to discuss further with the health care provider before taking. Staff F then put the remaining meds into a plastic sleeve and proceeded to crush them. She then poured them into a cup and went to retrieve some applesauce. She returned then mixed the applesauce with the meds. She took the mixture into the resident's room, approached the resident then spooned the mixture into the resident's . Staff F did not make any attempts to have the resident participate during the process. Staff F did not prepare the medications in the	A 078		

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A 078	Continued From page 11 resident's presence, as required, and she administered the medication, which is a task she was not licensed to perform. On at 9:38 a.m. the findings were discussed with staff F, the wellness director, and the regional clinical , . When asked whether the resident was able to spoon the mixture into her own , staff F said yes. When asked why she did it herself and why she did not crush the meds in the resident's presence, staff F said, "that's how I was taught." Class III	A 078		