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 |
|---|---|---|---|
| | AL11965569 | A. BUILDING: _____ B. WING _____ | 03/18/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BOCA RATON | 9591 YAMATO ROAD BOCA RATON, FL 33434 |

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| A 000 | Initial Comments<br><br>An unannounced Limited Nursing Services (LNS) Monitoring survey was conducted on [redacted] at Boca Raton. The facility had unrelated deficiencies identified at the time of the survey. | A 000 | | |
| A 055 | 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 being stored pursuant to such a request;<br>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;<br>4. The resident fails to maintain the medication in a safe manner as described in this paragraph;<br>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<br>6. The facility's rules and regulations require | A 055 | | |

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| A 055 | Continued From page 1 | A 055 | | |

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 prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are

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| A 055 | Continued From page 2<br><br>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, interview, record review and policy and procedure review, it was determined that the facility failed to ensure it secured both prescription and over-the-counter (OTC) medications for 2 of 3 residents observed, Resident #1 and Resident #3.<br><br>The findings included:<br><br>Review of facility policy and procedure titled Medication Practices amended documented in part under Medication Storage and Disposal '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; or in their rooms or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the rooms or apartments or in some other secure place which is out of sight of other residents.' | A 055 | | |

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| A 055 | Continued From page 3<br><br>On at 12:24 PM during an observational tour accompanied by the Wellness Director, observed in Resident #1's room was a total of 10 prescription as well as OTC medications, left unsecured on the resident's bedside dresser and bedroom armoire and accessible to other residents. The medications consisted of 2 open tubes of prescription cream with expiration dates of , 1 open tube of prescription 1% cream with an expiration date of , 1 open tube of with an expiration date of and 1 open bottle of prescription with an expiration date of . Additionally, there was 1 open and 3 closed bottles of liquid OTC normal solution with expiration dates of , and along with an "undated" used bottle of OTC Gold Bond Medicated powder located on Resident #1's bathroom sink. (Photographic evidence obtained.) During an interview conducted with the Wellness Director, she stated they administer the resident's medications/treatments. No explanation was forthcoming why these medications were not stored in a secure manner.<br><br>Record review revealed Resident #1 was currently prescribed the 1% cream, cream and , however, there were no current physician orders noted for the , normal solution or the Gold Bond Medicated powder which was observed in the bedroom and at the bedside for Resident #1. Further review of the record revealed no assessment of Resident #1 to ensure the resident could safely self-administer the medication. | A 055 | | |

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| A 055 | Continued From page 4<br><br>2) On [redacted] at 12:46 PM, during an observational room tour accompanied by the Wellness Director, walking past Resident #3's room, the door was wide open, and a bottle of Refresh [redacted] was observed on top of the resident's dresser, visible from the hallway and in plain view of anyone walking by. Upon entering the resident's room, a total of 10 medications were observed unsecured on both bedside dressers and in the resident's bathroom. The medications consisted of 1 closed bottle of OTC normal [redacted] solution with an expiration date of [redacted], 1 open tube of prescription [redacted] 2% with an expiration date of [redacted], 1 open package of 16 OTC Immodium tablets with an expiration date of [redacted], 1 open tube of OTC [redacted] with an expiration date of [redacted], 1 open container of prescription [redacted] 20% with an expiration date of [redacted], 1 open bottle of OTC Refresh [redacted] with an expiration date of [redacted], 1 open tube of prescription Silver [redacted] cream 1% with an expiration date of [redacted], 1 open container of prescription Clobestasol [redacted] 0.05% with an expiration date of [redacted], 1 open tube of prescription [redacted] and [redacted] 1%-0.05% cream with an expiration date of [redacted] and 1 open tube of prescription Clobestasol [redacted].05% cream with an expiration date of [redacted]. (Photographic evidence obtained.) During an interview conducted with the Wellness Director, she stated they administer the resident's medications/treatments. No explanation was forthcoming why these medications were not stored in a secure manner.<br><br>Record review revealed Resident #3 was currently prescribed the [redacted] 0.05%, | A 055 | | |

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| A 055 | Continued From page 5<br><br>20% and Immodium, however there was no current physician order noted for the , Refresh , and Silver cream found in the bedroom and at the bedside for Resident #3. Further review of the record revealed no assessment of Resident #1 to ensure the resident could safely self-administer the medication.<br><br>On at 1:00 PM, an interview was conducted with the Wellness Director and Medication Technician Staff A regarding the total of twenty 20 prescription and OTC medications left unsecured in Resident #1's and Resident #2's rooms. They acknowledged that the medications should not have been there and should have been properly secured or discarded if they were noted to be expired.<br><br>Class III | A 055 | | |
| CZ830 | 408.821 FS Emergency Management Planning<br><br>408.821 Emergency management planning; emergency operations; inactive license.-<br>(1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows:<br>(a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan.<br>(b) Submit the plan annually and within 30 days | CZ830 | | |

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| CZ830 | Continued From page 6 | CZ830 | | |

after any significant modification, as defined by agency rule, to a previously approved plan.
(c) Submit necessary plan revisions within 30 days after notification that plan revisions are required.
(d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health.
(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.
(3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider:
1. Suffered damage to its operation during the state of emergency.
2. Is currently licensed.
3. Does not have a provisional license.
4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.
(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved

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| CZ830 | Continued From page 7<br><br>inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.<br><br>(4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) to the County Emergency Management Agency for annual review and approval.<br><br>The findings included:<br><br>Review of the facility's most recent CEMP approval letter, issued by the local County Emergency Management Agency dated , , , documented in part, 'The CEMP is now | CZ830 | | |

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| CZ830 | Continued From page 8<br><br>approved until . . . . . Please be advised that the next plan review submittal date is . . . . . This allows for a 60-day review period established by Florida State Statutes before the CEMP expires. Your Facility Plan Year is from of each year. Please plan your dated materials accordingly.'<br><br>On at 1:44 PM, the Wellness Director stated during an interview and side by side record review that the facility's CEMP was expired as of . . . . . and the annual submission had not been forwarded to the county for approval as of today's date of . . . . . Review of the record revealed on at 1:56 PM, the county's Emergency Management Agency representative responded to the facility's Regional Director of Operations indicating the fire alarm test must pass before the Fire Marshall will release the fire watch requirement in order for the CEMP to be approved by the county.<br><br>On at 3:20 PM during the exit conference with the Wellness Director and Regional Director of Wellness, no additional information was forthcoming that any documentation has been forwarded to the Emergency Management Agency for review.<br><br>Class III | CZ830 | | |