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
	AL11968751	A. BUILDING: _____ B. WING _____	04/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROSSINGS AT RIVERVIEW (THE)	8451 US HIGHWAY 301 SOUTH RIVERVIEW, FL 33578

(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 complaint investigation (complaint numbers: 2022003885 and 2022003896), a revisit to biennial survey, and a generator monitoring were conducted at The Crossings at Riverview on . Deficiencies were identified at the time of 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 Resident Care Standards. 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 025		

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A 025	Continued From page 1 (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 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: Based on record review and interview, the Facility failed to provide care and services appropriate to meet the needs of residents admitted into the Facility for two Residents (#4 and #6) of two sampled residents that were at risk for and required precautions. Findings Included: During an interview with Resident #4's family, conducted on at 02:50pm, Resident #4's family stated that Resident #4 had a in mid- and laid on the floor for over	A 025		

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A 025	Continued From page 2 three hours after pushing her call pendant three time for assistance. A record review for Resident #4, conducted on , revealed that Resident #4 was admitted to the facility on . Resident #4's health assessment form dated revealed that Resident #4 was alert and oriented, had a diagnosis of 's and was a risk. The health assessment form did not list any nursing/ /treatment services acquired due to the resident's risk for and injury. Health assessment indicated that the resident was independent with ambulation, toileting, and transferring but required assistance with bathing, and grooming. There was one noted in Resident #4's record which occurred on at 08:24am. Staff E documented that per the overnight shift supervisor, Resident #4 verbalized that she had a with no injuries and Resident #4 requested staff not to notify her responsible party due to the person was on a cruise. A record review for Resident #6, conducted on , revealed that Resident #6 was admitted to the facility on . Resident #6 was issued a 45-day notice of discharge on due to continuous monitoring needs and physical decline with the inability to support her own and need for assistance with transfers. Resident #6's health assessment dated stated that Resident #6 had a diagnosis of and but was not a risk and that she required total care with all activities of daily living. There was one in Resident #6's record from through and that was on . There was no indication that the facility notified Resident #6's health care provider or responsible party	A 025		

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A 025	Continued From page 3 about the . . There were no interventions for prevention of noted in the resident's record. A review of incident reports, conducted on . . . . . , revealed that there were no incident report or investigation for Resident #4's . . . . There was no evidence that Resident #4 or #6's health care providers or responsible parties were notified of their . . . Resident #4 had on and . . . . . and Resident #6 had a on . There was no documentation in Resident #4's record regarding these . . . The and investigation forms for Resident #4 and #6's . . were mostly incomplete and not documented according to the facility's policy and procedures as Sections 1, 6, 7, 8, 9, and 10 were without data. There were no documented interventions for prevention of . . in Section 10. The were not reviewed by the Administrator per the facility's policy and procedures. A review of the accidents and incidents policy and procedures revised , , conducted on . . . . . , revealed that all accidents or incidents shall be investigated and reported to the Administrator and that the Nurse Supervisor/Charge Nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident to include but not limited to: the date and time the health care provider and responsible party was notified; corrective actions taken; the Nurse Supervisor/Charge Nurse and/or department director or supervisor shall complete a Report of Incident/Accident form and submit the original to the Director of Nursing Services within 24-hours of the incident or accident; and that the Administrator received a copy of the Report of Incident/Accident form for each occurrence.	A 025		

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A 025	Continued From page 4 During an interview with the Administrator, conducted on [redacted] at 03:43pm, the Administrator agreed that the facility was not following their accident and incidents policy and procedures for [redacted]. Class III	A 025		
A 050 SS=D	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, [redacted] dosage forms, [redacted] patches, and [redacted] 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		

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A 050	Continued From page 5 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 record review and interview, the facility failed to evaluate one Resident (#4) out of one sampled resident for capability of self-administer of medications. Findings included: A review of the facility's policy "Medication Standards-Self Administration of medications" conducted on revealed "Wellness staff shall evaluate the Resident's ability to self-administer their medications when	A 050		

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A 050	Continued From page 6 performing monthly nursing evaluations. Level of Care assessment form. The community will consult with the resident on any problem related to medications. The community will contact the Resident's Health Care Provider upon any significant change in condition related to medications." A record review conducted on . . revealed no indication that facility contacted Resident #4's Health Care Provider after a change in resident's capability to self-administer medications were noted. During an interview with the Director of Nursing (DON) conducted on at 3:50pm, the DON confirmed that the facility did not evaluate Resident # 4's ability to self-administer medications. Resident #4 was previously able to self-administer medications, but progress notes revealed that changes in resident's capability were noted. Staff had observed pills on the floor, and medications not being taken as ordered. Class III	A 050		
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	A 056		

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A 056	Continued From page 7 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 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	A 056		

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A 056	Continued From page 8 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 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: Based on record review and interview, the facility failed to ensure that prescriptions were refilled in a timely manner for two residents (#5 and #6) out of four sampled residents. Additionally, the facility	A 056		

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A 056	Continued From page 9 failed to notify health care providers of unavailability of medication for two residents (#5 and #6) out of four sampled residents that required assistance with self-administration of medications. Findings included: A review of Resident #5 's [redacted] and [redacted] medication observation records (MORS), conducted on [redacted] revealed that Resident #5 did not receive the prescribed medication Vesicare Tab 5mg from [redacted] to [redacted] at 9am because facility was out of stock. Resident #5 did not receive prescribed medication of [redacted] elixir 220mg/5ml from [redacted] to [redacted] because of unavailability. Resident #5 also missed the prescribed medication [redacted] Tab 500mg from [redacted] to [redacted] because of unavailability. A review of Resident #6's [redacted] and [redacted] MORS conducted on [redacted] revealed that Resident #6 did not receive the prescribed medication [redacted] Tab 10mg from [redacted] to [redacted] at 9am and 5pm because of unavailability. Resident #6 also missed the prescribed medication [redacted] Tab 10mg from [redacted] to [redacted] and on [redacted], and [redacted] to [redacted] because of unavailability. There was no evidence that Resident #5's and Resident #6's health care provider or responsible party was notified. During an interview with the Director of Nursing (DON), conducted on [redacted] at 1:05pm, the DON confirmed that there was no evidence that the health care providers of Residents #5 and #6	A 056		

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A 056	Continued From page 10 were notified of unavailable medications. 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. [illegible], 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 [illegible], 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, 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, [illegible], 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 [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823	A 162		

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A 162	Continued From page 11 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] 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 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 [illegible] recipient, a copy of the Department of Children and Families form Alternate Care Certification for [illegible] ([illegible]), CF-ES 1006, [illegible], 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	A 162		

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A 162	Continued From page 12 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 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.	A 162		

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A 162	Continued From page 13 (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 record review and interview, the facility failed to obtain an up to date and complete health assessment and failed to maintain hospice resident records with the required interdisciplinary care plan ( ) that described the care and services that hospice would provide and those that the facility would provide for two Residents (#5 and #6) of two sampled residents admitted to hospice services. Findings Included: A record review for Resident #5, conducted on , revealed that Resident #5 was admitted to the facility on . Resident #5 had a decline in condition and admitted to hospice services on and was discharged from hospice service on an unknown date in . Resident #5 was re-admitted to hospice services on . Resident #5's health assessment form was dated and her was dated . There was no evidence found that the facility obtained a up to date health assessment or upon Resident #5's re-admission to hospice services. A record review for Resident #6, conducted on , revealed that Resident #6 was admitted to the facility on and into hospice services on . Resident #6's health assessment form dated did not	A 162		

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
	AL11968751	A. BUILDING: _____ B. WING _____	04/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROSSINGS AT RIVERVIEW (THE)	8451 US HIGHWAY 301 SOUTH RIVERVIEW, FL 33578

(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 162	Continued From page 14 contain the telephone number or address of the Examiner. During an interview with the Administrator, conducted on [redacted] at 03:43pm, the Administrator agreed that the facility did not obtain an up-to-date health assessment and upon Resident #5's readmission to hospice services and that Resident #6's health assessment did not include all required data. Class III	A 162		