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
	AL11966133	A. BUILDING: _____ B. WING _____	05/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY OAK PALM BEACH COUNTY	6026 OLD CONGRESS LANTANA, FL 33462

(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 An unannounced Complaint survey (#2022003352, #2022004513, #2022009194, #2022015769, #2023001041, #2023002262, #2023002808), and a Generator Monitoring survey were conducted on through at Cherry Oak Palm Beach County. The facility had a deficiency identified related to Complaint #2023001041 at the time of the survey.	A 000		
A 054	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 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 is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.	A 054		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 054	Continued From page 1 (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 record review and an interview, it was determined the facility failed to ensure the Medication Observation Record (MOR) was completed and accurate for 3 out of 3 sampled residents (Resident #2, Resident #4 and Resident #6) who required assistance with self-administration of medications. The findings included: A. During review of Resident #2's , and MOR's, the following omissions and errors were identified. 1. MOR: a. On , the following medications were initialed as given when the resident was not in the facility to receive them: , , , , , , , , , and D3. b. On , was initialed as given when the resident was not in the facility to receive it. c. Doses on and were not initialed as given for . d. Doses on and were not initialed as given for . e. was initialed as assisted with daily from through when the unlicensed staff at the facility did not assist the resident with this medication. f. Dose on was not initialed as given for	A 054		

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A 054	Continued From page 2 g. Dose on was not initialed as given for 2. MOR a. 5:00 PM doses on and were not initialed as given for and b. was initialed as assisted with daily from through when the unlicensed staff at the facility did not assist the resident with this medication. c. On , it was documented that the "resident refused" evening doses of , , , and when the resident was not at the facility. 3. MOR a. When the resident returned from the hospital on Saturday, , the following medications were not initialed as given or refused until Monday, : and . The MOR also erroneously noted that the resident was "out of the facility" through b. On , was initialed as given when the resident was not in the facility to receive it. c. 5:00 PM dose on was not initialed as given for d. 5:00 PM doses on and were not initialed as given for e. was initialed as assisted with daily from through when the unlicensed staff at the facility did not assist the resident with this medication.	A 054		

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A 054	Continued From page 3 B. During review of Resident #4's [illegible] MOR, the following was identified. 1. 8:00 PM doses on [illegible] and [illegible] were not initialed as given for [illegible] and [illegible]. 2. 5:00 PM doses on [illegible] were not initialed as given for [illegible], [illegible], [illegible], and [illegible]. 3. 12:00 PM dose on [illegible] was not initialed as given for [illegible]. 4. 8:00 AM donning on [illegible] and 8:00 PM doffing on [illegible] and [illegible] and [illegible] was not initialed as completed for a [illegible] patch. 5. 5:00 PM doses on [illegible] and [illegible] were not initialed as given for [illegible]. 6. [illegible] was initialed as assisted with daily from [illegible] when the unlicensed staff at the facility did not assist the resident with this medication. C. During review of Resident #6's [illegible] MOR, the following was identified. 1. 12:00 PM doses on [illegible] and [illegible] were not initialed as given for [illegible] and [illegible]. 2. 8:00 PM doses on [illegible] were not initialed as given for [illegible] and [illegible]. 3. 5:00 PM doses on [illegible] and [illegible] were not initialed as given for [illegible], [illegible], and [illegible]. 4. [illegible] was initialed as assisted with daily from [illegible] and [illegible] when the unlicensed staff at the facility did not assist the resident with this medication.	A 054		

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A 054	Continued From page 4 The Administrator was notified of these findings during an interview conducted on at 4:30 PM. The facility provided no additional documentation for review at the time of the survey. Class III	A 054		