

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969982	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/15/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SANCTUARY BY STRIVE - BEAR LAKE

**5030 CUB LAKE DR
APOPKA, FL 32703**

(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 revisit to complaint investigation #2023016371 was conducted at Sanctuary by Strive - Bear Lake on . The facility had uncorrected deficiencies at the time of the survey.	{A 000}		
{A 053} SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment.	{A 053}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 053}	Continued From page 1 Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observation, interview, and record review Staff E failed to follow proper medication - assistance with self-administration of an improper med pass for 1 sampled resident. (#7). Findings: Observations on _____ at 12:00pm revealed Staff E conducting an improper med pass for Resident #7. On _____ at 12:00pm Staff E perform hygiene according to policy (e.g., before, during, and after med pass). Staff E reviewed the Medication Observation Record (MORs) for the med pass of Resident #7. Staff E unlocked the cart that was located outside of the administrator's office near the entrance of the facility. Staff E retrieved the _____ 500 mg medication for Resident #7. Staff E pre -popped the medication into the cup and placed the bubble pack _____ into the cart. Staff E stated the medication must be crushed and placed the tablet into a plastic pill crush bag. Staff E proceeded to crush the tablet and then poured it _____ into the cup. Staff E walked towards the common area dining room located in the _____ of the facility where the resident was sitting on the sofa. Staff E acknowledged the resident by name, stated it was time for her noon medication,	{A 053}			

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{A 053}	Continued From page 2 identifying the medication by name and dose. Staff E stated the medication needed to be added to pudding for the resident to take it. Staff E walked towards the kitchen and the Administrator went into the kitchen, retrieved a cup of apple sauce, and handed it to Staff E. Staff E opened the applesauce and placed a scoop into the cup with the medicine. After mixing the crushed meds with the applesauce, Staff E scooped the applesauce onto the spoon and attempted to place the spoon into the residents' The resident refused and after 3 attempts to spoon feed the resident, Staff E called the Administrator and informed her that she had made 3 attempts and the resident refused. The Administrator intervened and began asking the resident to take her meds. The resident refused and Staff E stated maybe I can give her because she must chew it. Staff E returned to the cart located near the entrance with the cup of crushed meds. Staff E unlocked the cart and retrieved the Cal CHW 500 mg and pre-poured the tablet into another cup. Staff E returned to the resident with both medications. Staff E then continued to cue the resident to take the crushed meds by placing the spoon onto the residents' After several attempts, the resident opened her and Staff E placed a scoop of applesauce into the resident's without any assistance from resident #7. Staff E placed a second spoonful of the crushed meds into the resident's with no assistance from the resident. Staff E proceeded to administer the 2nd medication by placing it into the resident's and advised her to chew it. After the resident placed the medication into her Staff E then walked away and returned to the med cart located in the front area of the facility and did not stay with the resident until the medication fully dissolved. The Administrator approached the resident, handed	{A 053}			

AHCA Form 3020-0001
STATE FORM

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{A 084}	Continued From page 4 meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, _____ dosage forms, and _____, _____ and _____ dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires	{A 084}			

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{A 084}	Continued From page 5 judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist and _____ that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with _____; j. Use a _____ to perform _____ testing; k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels; l. Apply and remove _____ stockings and hosiery; m. Placement and removal of _____ bags, excluding the removal of the _____ or manipulation of the _____ site; and n. Measurement of _____ rate, temperature, and _____ rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education	{A 084}			

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{A 084}	Continued From page 6 training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observations, interviews and facility record review, the facility failed to ensure an unlicensed staff who provides assistance with self-administration and medication management for 1 sampled resident (#7) meet the training requirements as defined in 429.256 (1)(b), F.S. Findings: Observations on _____ at 12:00pm revealed Staff E conducting an improper med pass for Resident #7.	{A 084}			

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{A 084}	Continued From page 7 A record review of Staff E revealed a hire date of There was no documented evidence of a 6-hr. initial training completion for 2023. On at 4:45pm The Administrator stated, let me check with Staff E and see. On at 5:15pm The Administrator confirmed the findings. Class III	{A 084}		