

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11964789</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/13/2024</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BROOKDALE BONITA SPRINGS**

**26850 SOUTH BAY DRIVE  
BONITA SPRINGS, FL 34134**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>An unannounced abbreviated relicensure, limited nursing services, emergency power plan monitoring, and visitation form survey was conducted on ..... at Brookdale Bonita Springs, an assisted living facility in Bonita Springs, Florida.<br><br>The following is a description of the deficiencies.<br>.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A 000               |                                                                                                                          |                          |
| A 052<br>SS=D            | 429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin<br><br>429.256<br>(3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an ..... syringe that is prefilled with the proper dosage by a pharmacist and an ..... that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers.<br>(b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication 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.<br>(c) Placing an oral dosage in the resident's ..... or placing the dosage in another container and | A 052               |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

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| A 052                    | Continued From page 1<br><br>helping the resident by lifting the container to his or her<br><br>(d) Applying _____ medications.<br>(e) Returning the medication container to proper storage.<br>(f) Keeping a record of when a resident receives assistance with self-administration under this section.<br>(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 _____.<br>(4) Assistance with self-administration of medication does not include:<br>(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.<br>(b) The preparation of syringes for injection or the administration of medications by any injectable route.<br>(c) Administration of medications by way of a tube inserted in a _____ of the body.<br>(d) Administration of _____ preparations.<br>(e) The use of irrigations or debriding agents used in the treatment of a skin condition.<br>(f) Assisting with _____, or _____ preparations.<br>(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. | A 052               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 052                                                               | <p>Continued From page 2</p> <p>(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.</p> <p>(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.</p> <p>59A-36.008<br/>(3) ASSISTANCE WITH SELF-ADMINISTRATION.</p> <p>(a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self-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.</p> <p>(b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed.</p> <p>(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.</p> <p>(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</p> | A 052                                                                          |                                                                                                                          |  |                                                        |

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| A 052                                                               | <p>Continued From page 3</p> <p>health care provider and documented in the resident's record.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,</li> <li>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,</li> <li>3. The medication may be transferred to a pill organizer pursuant to the requirements of 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</li> <li>4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.</li> </ol> <p>(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.</p> <p>(g) 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.</p> <p>(h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation, record review, and interview, the facility failed to ensure staff who assist residents with self-administration of</p> | A 052                                                                          |                                                                                                                          |  |                                                        |

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| A 052                                                               | <p>Continued From page 4</p> <p>medications do so in accordance with proper procedure for 3 (Residents #1, #5, #7) of 3 medication observations.</p> <p>The findings included:</p> <p>Brookdale Senior Living Medications and Treatment - Assistance with Self-Administration of Medications - FL-18 Category/Sub-function: Clinical Services. Effective date _____ last revised _____ "Policy Overview: Properly trained and or licensed associates may administer or assist the resident with receiving medication and treatments per physician/primary healthcare provider order and as per state regulations. This includes over the counter (OTC) medications as well as prescription drugs. The 7 rights of medication administration and adherence to appropriate control principles are considered acceptable nursing practice standards for safe administration. Policy Detail: Associates assisting residents with medications should: 1. Wash _____ and follow _____ control policies. . . . 6. Prepare for assisting the resident by doing the following: . . . . c. Obtain all the medication packages for the specified medication time. . . . 7. Take the properly dispensed and labeled medication in the original container to the resident along with the Medication Record/eMAR and items as needed from step 6 to the resident. . . . 8. In the presence of the resident, read the label and explain the purpose of each medication. . . . 9. Assist with opening the container or removing the medication from the package. . . . 10. Put the proper amount of medication in a medication cup or the resident _____, depending on the preference of the resident. . . . 14. Wash _____."</p> <p>Record review for Resident #7 revealed a</p> | A 052                                                                          |                                                                                                                          |                          |                                                        |

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| A 052                                                               | <p>Continued From page 5</p> <p>Resident Health Assessment Form 1823 signed, and dated _____, by the healthcare provider, indicating Resident #7 needs assistance with self-administration of medications.</p> <p>On _____ at 8:35 a.m., Medication Technician (MT) Staff A was observed assisting Resident #7 with medications. Staff A unlocked the medication cart stored on the first floor. Staff A was observed to remove packages of medications from the cart, no _____ hygiene was performed. Staff A popped the pills into a souffle cup on the top of the medication cart. Staff A proceeded to take the medication cup to Resident #7's room on the second floor. Staff A did not prepare the medications in the presence of Resident #7, did not inform Resident #7 what medications she was given, and no _____ hygiene was performed prior to assisting Resident #7 with her medications.</p> <p>Record review for Resident #1 revealed a Resident Health Assessment Form 1823 signed, and dated _____, by the healthcare provider, indicating Resident #1 needs assistance with self-administration of medications.</p> <p>On _____ at 8:53 a.m., Resident #1 arrived at the med cart, MT Staff A took the cup with the pills from the top of the med cart, giving it to Resident #1, and stated, "here is your medicine!" and observed him take the medications. Staff A did not prepare the medications in the presence of Resident #1, did not inform Resident #1 what medications he was given, and no _____ hygiene was performed after assisting Resident #1 with his medications. Staff A continued to the next resident for medications.</p> <p>On _____ at 9:01 a.m., MT Staff A was</p> | A 052                                                                          |                                                                                                                          |  |                                                        |

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| A 052                                                               | <p>Continued From page 6</p> <p>observed assisting Resident #5 with medications. Staff A unlocked the medication cart located on the first floor. Staff A was observed to remove 14 packages of medication cards from the cart and 1 bottle of medication for Resident #5. No . . . hygiene was performed. Staff A popped the pills into a souffle cup on the top of the medication cart. Staff A proceeded to take the medication cup to Resident #5's room on the second floor. MT Staff A gave the cup of medications to Resident #5, and stated, "I have your medicines!" Medications given to Resident #5 included 5000 mg - 1 tablet. Staff A did not prepare the medications in the presence of Resident #5, did not inform Resident #5 what medications she was given, and no . . . hygiene was performed after the last resident and prior to assisting Resident #5 with her medications.</p> <p>Review of Resident #5's medication bottle label revealed . . . 2500 mg take 1 tablet daily. Record review of Resident #5's Electronic Medication Administration Record (EMAR) for medication orders revealed: . . . 2500 mg take 1 tablet by . . . daily. The . . . medication given did not match the dosage listed on the EMAR's according to the physician order.</p> <p>On . . . at 9:08 a.m., During an interview, MT Staff A stated, "when the residents are new to the facility, she tells them what medications they are being given. Once they have been at the facility for a while, she no longer tells them what medications they are being given when assisting with the medications anymore, that is why she does not tell the residents what meds they are given." MT Staff A confirmed she did not inform Residents #1, #5, and, #7 what medications they were given, and did not prepare the medications in the presence of the residents.</p> | A 052                                                                          |                                                                                                                          |  |                                                        |

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| A 052                    | <p>Continued From page 7</p> <p>On at 1:56 p.m., During an interview, the Health and Wellness Director (HWD) said, when the MT's are assisting with medications, they are to push the carts to each room when they are giving the medication to the residents, explain what it is for, and prepare the medications in front of the residents. That is part of the policy. hygiene is to be done before, in between, and after assisting residents with medications.</p> <p>On at 2:01 p.m., During an interview, the HWD confirmed Staff A did not follow the facility policies, and procedures when assisting residents with medications as required.</p> <p>On at 3:11 p.m., During an interview, the Administrator, said when assisting with medications, the MT's are to take the medications in the packages with the labels and prepare them in front of the residents. They are to tell them what they are being given, and if they don't do that, they are not following the facility policy for assisting with self-administration of medications.</p> <p>On at 3:35 p.m., During an interview, the HWD, stated she reviews the EMARs, and the medications to make sure the medications are correct, the staff gives the correct dosages, and the medications match the EMARS.</p> <p>On at 3:45 p.m., the HWD reviewed Resident #5's medication, and the EMARs. The HWD confirmed the medication dosage on the bottle did not match the required dosage ordered by the physician. She said Resident #5 received the incorrect dosage.</p> <p>Class III</p> | A 052               |                                                                                                                          |                          |

Agency for Health Care Administration

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|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11964789</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/13/2024</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BROOKDALE BONITA SPRINGS**

**26850 SOUTH BAY DRIVE  
BONITA SPRINGS, FL 34134**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A 052                    | Continued From page 8                                                                                                        | A 052               |                                                                                                                          |                          |