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
	AL11968608	A. BUILDING: _____ B. WING _____	11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS GARDENS SENIOR RESIDENCE	17250 SW 137 AVENUE MIAMI, FL 33177

(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
ZZ813 SS=D	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090 Background Screening. (3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure Staff H's (Home Health Aide) background screening Clearinghouse eligibility results were in the employees' personnel file. Findings: A review of the adverse incident reporting systems (AIRS) database showed Staff H worked on , when Resident #2 was transferred inappropriately by her (Staff H) and and hit her only to later die at the hospital. A review of Staff H's personnel file found no background screening Clearinghouse eligibility results in file. Interviewed on at 4:52 PM the Administrator acknowledged that the documents were not in the employee's file. Class III	ZZ813		
ZZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.-	ZZ814		

AHCA Form 3020-0001

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

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ZZ814	Continued From page 1 (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made. (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the	ZZ814		

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ZZ814	Continued From page 2 clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an updated employee roster and failed to add an employee within five (5) business days of employment. Staff H (Home Health Aide) was not listed for more than 28 days. Findings: A review of the Background Screening Clearinghouse database found no Staff H listed on the provider's roster. A review of Staff H's personnel file found a hire date of . Interviewed on at 4:52 PM the Administrator acknowledged that Staff H was not added to the facility's roster within the required time. Unclassified	ZZ814		

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A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document	A 078		

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A 078	Continued From page 1 observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure three out of 22 sampled employees were qualified and had the training to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff D (Home Health Aide) failed to obtain the one-hour training in Residents' Rights and Recognizing and Reporting and Neglect. Staff V (Home Health Aide) failed to obtain three (3) hours in Activities of Daily Living & Behavioral needs training before coming in contact with residents. Staff J (Activities Aide) failed to describe , , ( ) on an	A 078		

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A 078	Continued From page 2 unresponsive resident. Findings: 1) Observation on and interview at 6:58 AM Staff D stated that she worked from 11:00PM to 7:00 AM. A review of Staff D's personnel file showed no one-hour training in Residents' Rights and Recognizing and Reporting and a hire date of . 2) A review of the monthly staff schedule for - showed Staff V on schedule from 11:00 PM-7:00 AM Shift. A review of Staff V's personnel file showed a hire date of but no three (3) hour activities of daily living and behavioral needs training. 3) Interviewed on at 11:49 AM when asked what happened to Resident #3 on , Staff J stated that the resident began to convulse and that the resident became unresponsive. When asked if she was certified, Staff J stated, "Yes." When asked if she learned in a class or in person, Staff J stated, "Yes." When asked how many , and breaths she would give a resident who was unresponsive, Staff J stated, "25 , and that she would use a device." A review of Staff J's personnel file showed an	A 078		

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A 078	Continued From page 3 expired card dated , and a hire date of . Interviewed on at 4:52 PM the Administrator acknowledged that Staff D and Staff V's training were not in their files. The Administrator acknowledged that Staff J was unable to describe . According to the American Association, "For healthcare providers and those trained: conventional using , and -to- breathing at a ratio of 30:2 , -to-breaths." According to Florida Health, " is a form or patient identification device developed by the Department of Health to identify people who do not wish to be in the event of , , or ." Class III	A 078		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following	A 152		

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A 152	Continued From page 4 furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe living environment, free of hazards. Findings included: An observation on at 9:30am In showed there was a water stain. (photographic evidence obtained) An observation on at 9:48am showed in the corner of there was also a water stain. (photographic evidence obtained)	A 152		

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A 152	Continued From page 5 During an interview on at 3:44am the Director of Maintenance when asked about the stains, said that there were currently no leaks and that the roof was brand new, however there was sheet rock damage on the ceiling, . Class III	A 152		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a	A 160		

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A 160	Continued From page 6 bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant	A 160		

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A 160	Continued From page 7 to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated 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 maintain a complete admission and discharge log and did not document the identification or addresses where two out of 27 sampled residents (#17 and #18) were discharged to. Findings Included:	A 160		

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A 160	Continued From page 8 A review of the facility admission and discharge log showed several residents were discharged to "Home with Family" and " ," without the name and/or address of the discharge location. Resident # 17 was sent to "Home with Family" on with no annotation on where home with family was. Resident # 18 was sent to ", ," on with no annotation what funeral facility the resident was taken to and the location of the funeral facility. During an interview on at 10:20am the Administrator questioned the regulations requirement to annotate the identification of the facility or home address where residents were being discharged to on the admission and discharge log. The Administrator stated that she was going to check that and returned and said that she understands now. Class III	A 160		
A 000	Initial Comments A complaint investigation (#2025014176) was conducted at Seasons Gardens Senior Residences from through . The provider had deficiencies at the time of the survey. The Class I deficienies were placed under event IDs: VV3612 & Y98815.	A 000		
A 036 SS=E	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of	A 036		

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A 036	Continued From page 9 (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or . . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation, and review of records, the facility failed to have one out of 24 sampled staff (Staff T) follow proper control procedures. Findings Included: Observation on at 8:48am showed Staff wiped her . . on several occasions while she was wearing gloves and serving food to residents. Staff T was seen entering # # A review of the facility control policy shows that the facility will follow the Center for Control (CDC) requirements.	A 036		

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A 036	Continued From page 10 According to the Florida Department of Health (DOH) heath facilities should follow the Center for Control (CDC) recommendations. According to the CDC's health care facilities recommendations, steps should be taken to avoid potential exposures, including ensuring , , and hygiene are followed. CDC requires all healthcare facility to adhere to "Standard Precaution", which includes 1) proper hygiene; 2) proper environmental cleaning; 3) injection and medication safety; 4) a risk assessment on the appropriate use of personal protective equipment (PPE); 5) minimizing exposure with use of , , hygiene and , etiquette; and 6) reprocessing of reusable medical equipment. The CDC does not recommend reusing disposable gloves and requires gloves to be discarded after each use, between patients, and when contamination occurs. Class III	A 036		
A 055 SS=E	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (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	A 055		

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(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 055	Continued From page 11 medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 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; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 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 6. The facility's rules and regulations require 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	A 055		

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	AL11968608	A. BUILDING: _____ B. WING _____	11/07/2025

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SEASONS GARDENS SENIOR RESIDENCE	17250 SW 137 AVENUE MIAMI, FL 33177

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A 055	Continued From page 12 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 still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (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. (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. This Statute or Rule is not met as evidenced by: Based on observation, interviews, and review of records, the facility failed to centrally store	A 055		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS GARDENS SENIOR RESIDENCE	17250 SW 137 AVENUE MIAMI, FL 33177

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A 055	Continued From page 13 medications. Medications were not properly stored a medication cart was unlocked and found on the floor of the common area for one out of 27 Residents (#19). Findings included: 1) Observation on at 6:10am showed that Staff C left the medication cart unlocked while two residents. Observation on at 6:12am showed that Staff C locked the medication cart. 2) Observation on at 12:31am showed that there was multi-dose packaging found on the floor in the west side of the building near the medications cart. (photographic evidence obtained) During an interview on at 12:31am Staff I stated that it must have out of the medication cart and that these medications were for tomorrow. A review of multi dose packaging found showed that it was for , 175 MCG for Resident #19 ordered for at 7:00am. Class III	A 055		
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	A 056		

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A 056	Continued From page 14 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 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	A 056		

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A 056	Continued From page 15 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 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	A 056		

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A 056	Continued From page 16 prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow the health care provider's instructions for one out of twenty-five sampled residents (Resident 21). Findings included: Observation on at 8:20 AM showed a handwritten sign posted on resident 21's closet door reminding the facility staff that the Resident needed to wear , socks (Photographic evidence obtained) Further observation on at 8:21 AM revealed that Resident 21 was sitting in her room and was not wearing socks. Interviewed on at 8:23 AM when asked about the , socks Resident 21 stated, "No, I never wear any socks". Interviewed on at 8:31 AM when asked if Resident 21 had doctor's orders for , socks the Shift Supervisor Staff U stated, "Yes, she has ankles, and the ordered , socks" A review of Resident 21's hospital discharge instructions dated revealed diagnoses of lower extremity , , , , , Atelectasis, and (Photographic evidence obtained) Further review of Resident 21's hospital	A 056		

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A 056	Continued From page 17 discharge instructions revealed patient instructions for the use of , socks (Photographic evidence obtained) Uncorrected Class III	A 056		
A 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies.	A 058		

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A 058	Continued From page 18 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility is required to employ the consultant services or a licensed registered nurse or pharmacist who will provide onsite quarterly consultations until it is determined that such	A 058		

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A 058	Continued From page 19 consultation services are no longer required. The facility has an uncorrected class III deficiency of Medication-Labeling and Orders and a new class III deficiency on Medication-storage and disposal. Findings included: 1) Observation on at 8:21am showed that Resident # 21 was sitting in bed in # . There was a handwritten sign on the residents' closet reminding staff that Resident # 21 needed to wear , socks. Resident # 21 was not wearing , socks. During an interview on at 8:22am Resident # 21 stated that she "never wear any socks" During an interview on at 8:31 Staff U stated that, "Yes, she had ankles, and the ordered , socks" Mayra opened a cabinet drawer and showed a pair of socks. A review of Resident #21's heath assessment dated showed that she needed assistance with self-administration of medication and needed assistance with . 2) Observation on at 6:10am showed that Staff C left the medication cart unlocked while two residents. Observation on at 6:12am showed that Staff C locked the medication cart.	A 058		

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A 058	Continued From page 20 Observation on at 12:31am showed that there was multi-dose packaging found on the floor in the west side of the building near the medications cart. (photographic evidence obtained) During an interview on at 12:31am Staff I stated that it must have out of the medication cart and that these medications were for tomorrow. A review of multi dose packaging found showed that it was for 175 MCG for Resident #19 ordered for at 7:00am. Class III	A 058		