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 _____	R 01/21/2026

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

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{A 000}	Initial Comments An unannounced revisit to Complaint survey, #2024016022, #2024014058 and #2024006643, was conducted at Cherry Oak Palm Beach County on and . Deficiencies (A 0052, A 0152) were found to be uncorrected at the time of the survey.	{A 000}		
{A 052}	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (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. (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. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications.	{A 052}		

AHCA Form 3020-0001

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

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{A 052}	Continued From page 1	{A 052}		

(e) Returning the medication container to proper storage.
(f) Keeping a record of when a resident receives assistance with self-administration under this section.
(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 .
(4) Assistance with self-administration of medication does not include:
(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.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications by way of a tube inserted in a of the body.
(d) Administration of , preparations.
(e) The use of irrigations or debriding agents used in the treatment of a skin condition.
(f) Assisting with , , or preparations.
(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.
(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the

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{A 052}	Continued From page 2 reason for administration requires judgment or discretion on the part of the unlicensed person. (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. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (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. (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. (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. (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 health care provider and documented in the resident's record. (e) When a resident who receives assistance with	{A 052}		

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{A 052}	Continued From page 3 medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 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, 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 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (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. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility failed to ensure that unlicensed staff, Medication Technician (Med Tech) followed appropriate procedures when assisting with self-administration of medication. Staff failed to	{A 052}		

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{A 052}	Continued From page 4	{A 052}		

orally announce the name and dosage of the medications at the time of medication pass for 3 of 6 sampled residents (Residents #28, 29 and 30).

The findings included:

An observation during medication passes on at approximately 7:50 AM, Staff G (Medication Technician) assisted with self-administration of medication to the following residents:

1) Resident #28
a) 10 MG, 8:00 AM
b) 100 MG, 8:00 AM
c) 0.5 MG, 8:00 AM
d) 100 MG, 8:00 AM
e) 40 MCG, 8:00 AM
f) 300 MG, 8:00 AM
g) 50 MG, 8:00 AM
h) 800 MG, 8:00 AM
i) 10 MG, 8:00 AM
j) 40 MG, 8:00 AM
k) 10 MEQ, 8:00 AM

The surveyor observed that Staff G did not orally advise Resident #28 of the name and dosage of the medications mentioned above.

2) Resident #29
a) 3 MG, 8:00 AM
b) 600 MG, 8:00 AM
c) 25 MG, 8:00 AM
d) 500 MG, 8:00 AM
e) 50 MCG, 8:00 AM
f) 50 MG, 8:00 AM
g) 10 MG, 8:00 AM
h) 2 MG, 8:00 AM

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{A 052}	Continued From page 5 The surveyor observed that Staff G did not orally advise Resident #29 of the name and dosage of the medications mentioned above. 3) Resident #30 a) , 250 MG, 8:00 AM b) , 100 MG, 8:00 AM c) , 25 MG, 8:00 AM d) , 2 MG, 8:00 AM The surveyor observed that Staff G did not orally advise Resident #30 of the name and dosage of the medications mentioned above. During an interview on at approximately 9:00 AM with Staff G, she was asked if Residents #28, 29 and 30 had a written waiver to opt out of being orally advised of the medication name and dosage and she stated she was not aware. During an interview on at approximately 2:50 PM the Administrator confirmed Residents #28, 29 and 30 do not have a written waiver to opt out of being orally advised of the medication name and dosage. No additional information was provided during the survey. Class III	{A 052}		
{A 152}	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,	{A 152}		

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{A 152}	Continued From page 6 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 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 ensure a safe living environment for eighty (80) of eighty (80) residents living at the facility at the time of the survey. And ensure that Residents of the facility is able to easily and effectively communicate with staff in the event	{A 152}		

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{A 152}	Continued From page 7 care services are needed. The Findings Include: During the survey on - this surveyor conducted tours of the facility and made observations related to the facility's living environment. The following observations relating to the facility's environment were made by this surveyor: Observation of the entry/exit door located in the Northeast section of the facility that leads out to the courtyard was observed to be ajar on at 11:27. This could result in ants, pests, rodents, insects and other forms of vermin entering the facility. This surveyor used some force to close the door as it does not shut completely when it is opened, unless closed with some degree of force, which may prove difficult for residents with physical limitations as those in wheelchairs (photo obtained). Observation of the entry/exit door located in the middle of the West section (by the vending machine) that leads out to the courtyard was observed on at 11:31 AM to be ajar. This could result in ants, pests, rodents, insects and other forms of vermin entering the facility. This surveyor used some force to close the door as it does not shut completely when it is opened, unless it is closed with some degree of force which residents with limited strength/or mobility may find difficult to do (photo obtained). Observation of the facility's courtyard by this surveyor on between 11:41 AM and 11:55 AM revealed the yard was littered with cigarette butts; including the covered patio area	{A 152}		

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{A 152}	Continued From page 8 just outside the glass doors that open to it (photo obtained). Relative to the facility's call bell system, this surveyor made observations and conducted interviews with residents related to the call bells/pullcords in their rooms. Observation and interviews revealed the following: Observation of the hallways in the South, West and North hallways where the residents' rooms are located, revealed notification lights in the ceiling. The lights were indicative of those observed in Nursing Homes and Hospitals that illuminate when the emergency call button/or cord is pulled when the person inside is requesting assistance/help. In an interview with Resident #16 on at 11:06 AM stated the food is terrible, there are 2 residents here (at the facility) that steals, the call buttons do not work, and there is no one available to assist residents after 11:00 PM. In an interview with Resident #20 on at 11:22 AM she stated the food is terrible, and some of the staff are rude (no names given). She also stated that they have call buttons in the room, but they don't work. In an interview with Resident #24 on at 12:26 PM she stated she has been in the facility a few years, they assist her with showers/ADLs, but the call bell doesn't work. In an interview with Resident #25 on at 12:34 PM she has been at the facility for a few weeks, the call light is not working, the toilet doesn't have a cover and runs continually, the emergency pull cord in bathroom doesn't work.	{A 152}		

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{A 152}	Continued From page 9 Observation of the emergency and toilet by this surveyor substantiated the information provided by the resident (photos obtained). During an interview with Resident 26 on at 12:42 PM Observation of the pull- inside the living area of room by the East bed revealed it was broken, and there was a gap in the wall next to it (photo obtained). In an interview with Resident #31 on at 11:22 AM he stated he is doing okay and getting what he needed. He stated the call-bell isn't working in his room and he must go to the nurse's station if he needs assistance. Observation of the call-bell pull cord panel located on the South wall of the room revealed it was covered by a dresser/box that was on top of it. Thus, the residents would not be able to access it if it were operable. In an interview with Resident #32 on at 11:49 AM she stated she is doing okay and she gets her medications. She stated the call-bell isn't working, and if you needed someone, the residents would have to call 911 themselves. Observation of the facility's kitchen by the surveyor on revealed baseboards in the pantry that appeared to be rotted as wood that has been exposed to water (photo obtained). During the Exit Conference with the survey team, Administrator and Regional Director on beginning at 4:12 PM, this surveyor informed them of the findings; specifically, that the call bell system was not working. The Regional Director stated they are not working as they do not provide a call bell system and it's not in their (Resident) agreement. This surveyor	{A 152}		

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{A 152}	Continued From page 10 explained that if a facility has an apparatus for which a resident holds to be working and available for their safety and welfare, then it must be working. She acknowledged and stated they may take them out. Class III	{A 152}		