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
	AL11970211	A. BUILDING: _____ B. WING _____	06/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE BOYNTON BEACH	9776 SOUTH JOG RD BOYNTON BEACH, FL 33437

(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, complaint number 2026009283 was conducted at American House Boynton Beach on . The facility had a deficiency identified at the time of the survey.	A 000		
A 053	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	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	A 053		

laboratory testing with the residents' equipment. 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:
Based on observation, interview, and record review the facility failed to ensure that unlicensed staff only provided assistance with self-administration of medications. The facility failed to have licensed personnel administer medications to 1 of 1 sampled residents, (Residents #1) who resides on the memory care unit.

The findings included:

Review of Resident #1's medical record indicated the resident resides in the facility's memory care unit. Review of Resident #1's current Resident Health Assessment,1823, dated indicated that the resident has and . The form indicated that the resident requires nursing services administration of medications and also needs assistance with self -administration of medications.

In an observation on at 9:10 AM of unlicensed staff assistance with self-administration of medications for Resident #1, Staff #C prepared the prescribed medication for the resident. Staff #C stated the resident requires his medications to be placed in applesauce to facilitate him swallowing the pills. Staff #C dispensed the prescribed medications tablets from the prepackaged pharmacy containers into four small cups with applesauce

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A 053	Continued From page 2 and approached Resident#1 calling his name. Staff #C stated, "resident's name, ready to take your medications". The resident was observed to stare up at Staff #C but did not respond verbally. Staff #C held a spoon with the applesauce/ medication mixture to the resident's , and he opened his and swallowed the mixture. Staff #C held a glass of water to the resident's for him to sip the water. Staff #C was not observed to follow regulatory training requirements to assist with self-administration of medications including orally advising the resident of his medications, Staff #C administered medications to the resident. In an interview with the Executive Director on at approximately 2 PM she confirmed that Resident #1 currently resided in the memory care unit based on assessed needs for additional oversight due to his diagnosed medical conditions. She confirmed that he would be unable to express what/why medications had been prescribed. She stated that the unlicensed staff was administering the medications to the residents on the memory care unit. She confirmed that the Resident Health Assessment form for Residents #1 was not accurately reflective of the residents' current medication needs and the level of care being provided to him. She confirmed that Staff #C was not a licensed nurse therefore not allowed to administer medications. Class III	A 053		