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
	AL11966607	A. BUILDING: _____ B. WING _____	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON HOUSE OF LARGO	2050 EAST BAY DRIVE LARGO, FL 33771

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A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or . damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a	A 165		

AHCA Form 3020-0001

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

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A 165	Continued From page 1 preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report	A 165		

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A 165	Continued From page 2 this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide adverse incident reports to the Agency for Healthcare Administration within 15 days after events that required the transfer of the resident from the facility to a unit providing more acute care due to the incident for 2 (Resident #1, Resident #2) of 3 sampled residents. Findings included: A review of the resident records for Resident #1 revealed a hospital discharge note dated , with the reason of the visit "patient transferring to bed yesterday". A review of the facility resident records for Resident #2 revealed a hospital discharge note dated , "seen today for: , , , multiple ". During a interview on at approximately 2 PM, the Administrator stated she did not submit Adverse Incident Reports (AIRS) to the Agency for Healthcare Administration (AHCA) for hospital admission events related Resident #1's on and Resident #2's on . The Administrator stated she had not	A 165		

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A 165	Continued From page 3 been submitting AIRS reports, including details of the internal investigation, to AHCA for resident hospital admissions after , which did not result in . The Administrator stated she was not aware of the requirement to submit AIRS reports for events that required the transfer of the resident from the facility to a unit providing more acute care due to the incident. Photographic evidence obtained. Class III	A 165		
A 000	Initial Comments A complaint survey (2026004409, 2026002717, 2026002479) was conducted at Heron House of Largo assisted living facility on - . Deficiencies were identified at the time of survey.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is	A 054		

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A 054	Continued From page 4 offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the medication observation record was updated at the correct time after the medication was offered to a resident, for 1 (Resident #4) out of 3 sampled residents. Findings included: An observation on at 12:00 PM, revealed an unattended unlocked laptop on top of a medical cart with a Medication Observation Record (MOR) open. A list of residents for a 12:00 PM medication pass was displayed on the screen, accessible to anyone. Staff A, Medication Technician returned to the medication cart about 2 minutes, followed by a resident. (Photographic evidence obtained). During an interview on at approximately 12:00 PM, Staff A, Medication Technician, stated she left the medication cart to take the resident to the cart for a medication	A 054		

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A 054	Continued From page 5	A 054		

pass. She agreed the laptop with MOR should not have been left unattended in the hallway.

An observation on at approximately 12:30 PM revealed Staff B, Medication Technician, was completing a medication pass for resident #4. Staff B popped the resident #4's Docyclomine , in the pill cup and signed off MOR prior to offering the medication to Resident #4.

During an interview on at approximately 12:30 PM, Staff B stated she could sign MOR off as soon as the medication was popped into the pill cup, not necessarily after the resident had taken it.

An observation on at approximately 3:00 PM revealed controlled substance usage logbooks were left unattended on top of all four observed medication carts on the second and first floors of the facility. The logbooks contained sign-off sheets for controlled substances for residents, pharmacy stickers with the name of the controlled medication (Photographic evidence obtained).

During an interview on at approximately 3:00 PM, the Administrator stated the medication technicians were supposed to sign the MOR off after each resident took the medication, not when medication was popped in a medication cup. The Administrator said the controlled substances logbooks, left on top of medication carts accessible to anyone should be be locked up.

Review of the facility's policy on resident records confidentiality revealed "Confidentiality of resident records is strictly maintained; therefore, it is the

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A 054	Continued From page 6 policy of this facility to limit access to Resident Files to: appropriate facility staff, the resident,... [other State and authorized representatives]." Class III	A 054		
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 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	A 056		

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A 056	Continued From page 7 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 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	A 056		

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A 056	Continued From page 8 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 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 store and dispense properly labeled medications for 1 (Resident #4) out of 3 sampled residents The facility failed to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are refilled in a timely manner for 1 (Resident #1) out of 3 sampled residents. Findings included: A review of Resident #4's Medication Observation Record (MOR) revealed Docyclomine was ordered for medication pass at 1:00 PM. A review of Resident #4's Docyclomine label revealed the following pass times: 9:00 AM, 4:00 PM, and 9:00 PM. During an interview on at approximately 3:00 PM, the Administrator stated the medication pass time discrepancies between	A 056		

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A 056	Continued From page 9 MOR and the medication label for Resident #4's Docyclomine , was due to incorrect pharmacy labeling, correct time being on the MOR. The Administration stated it was the facility's Administration who were responsible for ensuring information in MOR and on labels were correct. A review of the facility's policy on medications revealed "Medication labeling and orders: No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medications, unless it is properly labeled and dispensed". A review of Resident #1's facility Medication Administration Record (MAR) revealed 17 missed medication passes in , included 5 medication passes with 1 controlled substance , with the reason "medication not in cart" (Photographic evidence obtained). During an interview on at approximately 3:00 PM, the Director of Resident Services stated she could not explain the exact reason why Resident #1's medications were "not in cart". The Director of Resident Services stated there was no way to find out from documentation what exactly was meant by "medication not in cart". The Director of Resident Services confirmed unexplained medication stockouts should not happen. Photographic evidence obtained. Class III	A 056		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

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A 152	Continued From page 10 (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 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:	A 152		

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A 152	Continued From page 11 Based on observation and interview, the facility failed to provide a safe, hazard-free living environment for the residents and failed to ensure all existing systems were maintained in good working order. The deficient practice may affect all census residents (107 residents). Findings included: An observation on at approximately 11:30 AM, during the facility tour, revealed the following: - A water-leakage-like staining was observed on the ceiling in the closet of . - A water-leakage-like staining on the ceiling of hallways 1, 2, and 4 on the second floor of the facility. There was black staining observed on the central air conditioning in hallway 2 on the second floor of the facility. During an interview on at approximately 1:00 PM, the Maintenance Director stated the facility's roof had been leaking for about 5 years, and sporadic repair works were done. The facility had been in dialogue with a potential provider for comprehensive roof repair, but nothing had been finalized yet. The Maintenance Director stated the roof had leaked sometimes during rain and the facility used a bucket to collect water that leaked through the ceiling. The Maintenance Director agreed buckets in hallways or slippery floors could pose a danger to residents. Photographic evidence obtained. Class III	A 152		