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
	AL11964916	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT BOYNTON BEACH	8220 JOG ROAD 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 Assisted Living Facility complaint inspection (CCR#s 2013000430, 2013001176 and 2013003903) was conducted on . Emeritus at Boynton Beach, had licensure deficienicies found at the time of the visit. Deficient practice was identified for CCR#s 2013000430, 2013001176 and 2013003903.	A 000		
A 052 SS=G	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least , trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident ' s	A 052		

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A 052	Continued From page 1	A 052		

reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record.
(d) 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:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or 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;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration 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.

Agency for Health Care Administration

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A 052	Continued From page 2	A 052		

(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications through intermittent positive pressure breathing machines or a .....
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of | preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) or | preparations.
(h) 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 at the request of a competent resident.
(i) 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.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, it was determined the facility provided assistance with self-administration of a medication that was not prescribed by a physician to 1 out of 5 residents (Resident #2).

The findings are:

Review of Resident #2's record indicated that he was admitted to the facility on _ ..... Review of the resident ' s health assessment dated on _ ..... indicated that the resident was diagnosed with ..... and ..... and needs assistance with

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A 052	Continued From page 3 ambulation (with walker), bathing, dressing, and toileting. Further review of the resident ' s health assessment also indicated that he needed assistance with self-administration of medications. Review of the resident ' s nursing home transfer record dated on indicated that the he receive medications including and without inclusion of Review of Resident #2' s 2013 medication observation record (MOR) indicated that since the resident was receiving one 7.5mg tablet of at bedtime and this medication was discontinued on Review of the clinical lab report dated on indicated that the resident ' s prothrombin INR) values were abnormally elevated and the physician was notified of these results on . In an interview with the Administrator on at 3:15pm, she stated that the resident received the by error and upon a facility investigation, it was not conclusively determined how a mistaken physician order was entered by a facility nurse into the resident ' s record or how the medication was sourced. The Administrator stated at this time that upon discovery of the resident ' s reaction to the medication, the resident was admitted to the hospital for treatment on and the facility self-reported this event to the Agency on and In an interview by telephone with Resident #2's physician on at 11:20am, he stated that resident been under his care for over a year, he noticed that upon review of the resident ' s medications that the resident was receiving without his medical approval and the resident was hospitalized on due to	A 052		

Agency for Health Care Administration

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A 052	Continued From page 4 toxicity. The physician stated at this time that he understood the resident received certain dosage during and 2013 in the facility due to another physician ' s prescription by mistake or not and that he did not order or recommend for the resident due to his medical condition. Review of the facility adverse incident reports dated on and indicated that Resident #2 was sent to the hospital on due to an abnormal increase in INR values, the original physician order was not located and the resident returned to the facility on In an interview with the director of nursing on at 12:20pm, she stated that the facility nurse which transcribed the order into the resident ' s MOR was reprimanded and attended the medication error training on Review of Resident #2 ' s hospital record dated on indicated that he was admitted to the hospital from the facility at approximately 11:20am due to toxicity. Review of this record indicated that the resident was sent to the hospital in no apparent distress without pain, and was administered 10mg of K and 1 gram of without adverse reactions. Review of resident ' s hospital record dated on indicated that his INR values were " improved " and it was unclear how the resident was taking when it was not needed. Further review of the resident ' s hospital record dated on and indicated that he received frozen fresh without reactions and was discharged to the facility on . In an interview with Resident #2 on at	A 052		

Agency for Health Care Administration

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A 052	Continued From page 5 9:05am, he presented to be without distress and no wounds on his exposed upper and lower extremities, he was alert and slightly and stated that he receives proper assistance with his medications now and does not remember the reason why he went to the hospital last month. In an interview with the DON on [redacted] at 10:00am, she stated that this medication error training was provided in response to the medication error involving Resident #2. Class II	A 052		
A 056 SS=G	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is 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. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person 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 shall be contacted and requested to provide revised	A 056		

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A 056	Continued From page 6	A 056		

instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, 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, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(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 copy of a signed order is acceptable.
(f) The facility shall 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 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be

Agency for Health Care Administration

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A 056	Continued From page 7	A 056		

kept in their original manufacturer ' s packaging, which shall also 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 shall 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 shall provide the resident with a written prescription, or a fax copy of such order.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility kept and administered a medication that was not properly dispensed for 1 out of 3 (Resident #2) residents.

The findings are:

Review of Resident #2's record indicated that he was admitted to the facility on [redacted]. Review of the resident ' s health assessment dated on [redacted] indicated that the resident was diagnosed with [redacted] and [redacted] and needs assistance with ambulation (with walker), bathing, dressing, [redacted] and toileting. Further review of the resident ' s health assessment also indicated that he needed assistance with self-administration of medications. Review of the resident ' s nursing home transfer record dated on [redacted] indicated

Agency for Health Care Administration

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A 056	Continued From page 8 that the he receive medications including and without inclusion of Review of Resident #2 ' s 2013 medication observation record (MOR) indicated that since the resident was receiving one 7.5mg tablet of at bedtime and this medication was discontinued on Review of the clinical lab report dated on indicated that the resident ' s prothrombin INR) values were abnormally elevated and the physician was notified of these results on In an interview with the Administrator on at 3:15pm, she stated that the resident received the by error and upon a facility investigation, it was not conclusively determined how a mistaken physician order was entered by a facility nurse into the resident ' s record or how the medication was sourced. The Administrator stated at this time that the facility kept and assisted the resident with self-administration of the medication from to without positive proof of a physician order and did not locate the medication after they realized the resident was taking it in error. In an interview by telephone with Resident #2's physician on at 11:20am, he stated that resident been under his care for over a year, he noticed that upon review of the resident ' s medications that the resident was receiving without his medical approval and the resident was hospitalized on due to toxicity. The physician stated at this time that he understood the resident received certain dosage during and 2013 in the facility due to another physician ' s prescription by mistake or not and	A 056		

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A 056	Continued From page 9 that he did not order or recommend [illegible] for the resident due to his medical condition. Review of the facility adverse incident reports dated on [illegible] and [illegible] indicated that Resident #2 was sent to the hospital on [illegible] due to an abnormal increase in [illegible] INR values, the original [illegible] physician order was not located and the resident returned to the facility on [illegible]. In an interview with the director of nursing on [illegible] at 12:20pm, she stated that the facility nurse which transcribed the [illegible] order into the resident ' s MOR was reprimanded and attended the medication error training on [illegible]. Review of Resident #2 ' s hospital record dated on [illegible] indicated that he was admitted to the hospital from the facility at approximately 11:20am due to [illegible] toxicity. Review of this record indicated that the resident was received in the hospital in no apparent distress without pain, and was administered 10mg of [illegible] K [illegible] and 1 gram of [illegible] without adverse reactions. Review of resident ' s hospital record dated on [illegible] indicated that his [illegible] INR values were " improved " and it was unclear how the resident was taking [illegible] when it was not needed. Further review of the resident ' s hospital record dated on [illegible] and [illegible] indicated that he received frozen fresh [illegible] without reactions and was discharged to the facility on [illegible]. In an interview with Resident #2 on [illegible] at 9:05am, he presented to be without distress and no wounds on his exposed upper and lower extremities, he was alert and slightly [illegible] and stated that he receives proper assistance with his medications now and does not remember	A 056		

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A 056	Continued From page 10 the reason why he went to the hospital last month. In an interview with the DON on [redacted] at 10:00am, she stated that this medication error training was provided in response to the medication error involving Resident #2. Class II	A 056		
A 167 SS=D	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services. (b) The daily, weekly, or monthly rate. (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract. (d) A provision giving at least 30 days written notice prior to any rate increase. (e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S. (f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments. (g) A refund policy which shall conform to Section 429.24(3), F.S. (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident	A 167		

Agency for Health Care Administration

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A 167	Continued From page 11	A 167		

who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf.
(i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility.
(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect.
(k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.
(l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule

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A 167	Continued From page 12 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule. (m) The facility ' s policies and procedures related to a properly executed . . This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility did not properly execute 1 out of 4 sampled resident contracts (residents # 8) based on its refund provisions. The findings are: Review of Resident #8's record indicated that the resident signed a 'resident agreement' with the facility on which described the 'monthly fee' as a resident to pay for 'core services' and 'personal care services' received and it further described the 'core services' as living accommodations, standard housekeeping and laundry services, meals, planned activities, etc. and 'personal care services' as additional specialized services based on the resident's individual level of need to be determined from a facility-conducted evaluation and resident consultation. Further review of the resident ' s resident agreement indicated that it was not executed by not having a facility representative signature to represent acceptance of the agreement. Review of Resident #8 ' s record indicated that the resident ' s representative paid the facility an amount of $1500.00 on in relation to the resident agreement and the resident did not move into the facility. Review of the facility records indicated that the facility did not refund the	A 167		

Agency for Health Care Administration

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EMERITUS AT BOYNTON BEACH	8220 JOG ROAD 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 167	Continued From page 13 resident any amount of the $1500.00 received consequential to the invalid resident agreement dated on . . . . . . In an interview with the administrator on at 2:45pm, she stated that the resident never moved into the facility since she suffered a change in condition which deemed her inappropriate for the facility, the facility now realizes that this resident ' s contract is not valid due to lack of signature to represent acceptance of the agreement and it did not issue a refund based on this finding. Class III	A 167		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGE... FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus At Boynton Beach
8220 Jog Road
Boynton Beach, FL 33437

Dear Administrator:

Re: CCR #2013000430

This letter reports the findings of a state licensure complaint survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **19, 2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office3 at 561-381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure
XG90

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