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
	AL11966353	A. BUILDING: _____ B. WING _____	R 10/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS AT SUNSET BAY	7423 KAUAI LOOP NEW PORT RICHEY, FL 34653

(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 A revisit to a change of ownership {CHOW} survey was conducted at Villas at Sunset Bay on . Deficiencies were found at the time of the survey.	{A 000}		
{A 052} SS=D	429.256( ); 58A-5.0185 (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, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container. (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. (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 . (h) Using a to perform - level checks. (i) Assisting with putting on and taking off	{A 052}		

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{A 052}	Continued From page 1 stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (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. (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) Irrigations or debriding agents used in the treatment of a skin condition. (f) , , or preparations. (g) 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. (h) 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.	{A 052}		

Agency for Health Care Administration

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{A 052}	Continued From page 2 58A-5.0185 (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 58A-5.0191, 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, in the presence of the resident, reading the medication label aloud 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 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,	{A 052}		

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{A 052}	Continued From page 3 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. 1. As used in section 429.256(4)(g), 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. 2. 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. (g) 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 observation and interview, the facility staff failed to read a medication label aloud in the presence of 1 of 3 residents (#3) observed. Findings Included: A medication observation was conducted at 11:00am on . Staff F, a Medication Technician (Med Tech), with 2 empty medication	{A 052}		

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

packages in , as well as a small cup with a single pill in it, was observed trying to locate Resident #3 to assist the resident with a medication. Staff F had already pulled the medication out of the cart, popped it out of the container and put it in a cup, prior to AHCA's observation, therefore, it was not possible to verify exactly what medication the Med Tech was carrying around to give to Resident #3. AHCA asked Staff F to provide the medication observation record (MOR) and the medication label that would identify the pill in the cup that she was attempting to assist Resident #3 with, but she did not. Staff F seemed to be in a hurry because she was walking quickly. Staff F stated she was running late. When AHCA inquired about the medication packages she was carrying around, Staff F just said it was for another resident and she had to bring them to another staff member.

After looking in the activities room, Resident #3 was finally located. Staff F told the resident it was time for a medication and asked the resident's permission to go to a private room to give the medication. In the resident's room at 11:05am, AHCA observed Staff F, still holding the empty medication containers in one and the cup with the, still unidentified pill, in the other . The Med Tech had the resident sit in a chair and told the resident the name of the medication (Staff F said "sucrate"), handed the resident the cup with the pill and observed the resident take the pill and swallow with water.

After Resident #3 had taken the medication, AHCA asked Staff F to show the MOR and the medication label for the pill that Resident #3 had just been given. The MOR and the label matched, the pill was 1 gram tablet to

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{A 052}	Continued From page 5 be taken 1 tablet 3 times daily. Staff F had already charted that the pill was given, prior to 11:00am when AHCA first began the medication observation. At 1:30pm on , a review of the staff sign-in sheet for a 3 hour in-service training program "Assistance Techniques", which was a medication refresher course for Med Techs provided by a pharmacy consultant on , revealed that Staff F had attended the in-service training. In an interview with the Health and Wellness Director at 3:00pm, where AHCA expressed concerns regarding the medication assistance program in the facility, the Health and Wellness Director did not have an explanation for why a Med Tech would not be following proper medication assistance procedures. Class III	{A 052}		
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	A 058		

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A 058	Continued From page 6 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. 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	A 058		

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A 058	Continued From page 7 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 records review and interview, the facility failed to correct Tag 0052 Medication Assistance on a revisit survey. A facility staff member did not follow proper medication assitance procedure while assisting 1 of 3 residents (Resident #3) with mediciations. Findings Included: On . . . . . , a revisit survey was conducted, at the facility, for a deficiency cited on resulting in Tag 0052 Medication Assistance. A medication observation was conducted at 11:00am on . Staff F, a Medication Technician (Med Tech), with 2 empty medication packages in , as well as a small cup with a single pill in it, was observed trying to locate Resident #3 to assist the resident with a medication. Staff F had already pulled the medication out of the cart, popped it out of the container and put it in a cup, prior to AHCA's observation, therefore, it was not possible to verify exactly what medication the Med Tech was carrying around to give to Resident #3. AHCA	A 058		

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A 058	Continued From page 8 asked Staff F to provide the medication observation record (MOR) and the medication label that would identify the pill in the cup that she was attempting to assist Resident #3 with, but she did not. Staff F seemed to be in a hurry because she was walking quickly. Staff F stated she was running late. When AHCA inquired about the medication packages she was carrying around, Staff F just said it was for another resident and she had to bring them to another staff member. After looking in the activities room, Resident #3 was finally located. Staff F told the resident it was time for a medication and asked the resident's permission to go to a private room to give the medication. In the resident's room at 11:05am, AHCA observed Staff F, still holding the empty medication containers in one . and the cup with the, still unidentified pill, in the other . The Med Tech had the resident sit in a chair and told the resident the name of the medication (Staff F said "sucrate"), handed the resident the cup with the pill and observed the resident take the pill and swallow with water. After Resident #3 had taken the medication, AHCA asked Staff F to show the MOR and the medication label for the pill that Resident #3 had just been given. The MOR and the label matched, the pill was . . . . . 1 gram tablet to be taken 1 tablet 3 times daily. Staff F had already charted that the pill was given, prior to 11:00am when AHCA first began the medication observation. In an interview with the Health and Wellness Director at 3:00pm, where AHCA expressed concerns regarding the medication assistance program in the facility, the Health and Wellness	A 058		

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A 058	Continued From page 9 Director did not have an explanation for why a Med Tech would not be following proper medication assistance procedures. Due to the uncorrected Class III deficiencies concerning the facility's medication practices, the facility shall be required to employ the consultation services of a licensed pharmacist or a registered nurse. 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. This written statement serves as notification of the above stated requirement. Class III	A 058		
{A 078} SS=D	58A-5.019(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	{A 078}		

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{A 078}	Continued From page 10 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 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 58A-5.0191, 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:	{A 078}		

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{A 078}	Continued From page 11 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 record review and interview, the facility failed to provide proof that, within 30 days after beginning employment, staff members submitted a written statement indicating that individuals did not have signs or symptoms of a communicable (Communicable Statement) for six (Administrator, Staff A, Staff B, Staff C, Staff D, and Staff E) of six employee records sampled. Findings included: A review of employee records conducted on showed that the Administrator was hired on , Staff A was hired on , Staff B was hired on , Staff C was hired on , Staff D was hired on , and Staff E was hired on . A review of the six employee records revealed no proof of Communicable Statements. The Administrator was interviewed on at 11:38 AM concerning the lack of Communicable Statements in the Administrator's, Staff A's, Staff B's , Staff C's , Staff D's and Staff E's records. The Administrator stated that they have not received signed Communicable Statements for these employees. Class III	{A 078}		

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{A 081}	Continued From page 12	{A 081}		
{A 081} SS=D	58A-5.0191( ) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this	{A 081}		

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{A 081}	Continued From page 13	{A 081}		

requirement.
(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting adverse incidents.
2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident , , neglect, and , . The facility must use its prevention policies and procedures when offering this training.
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.
(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.
1. All facility staff shall be provided with a copy of the facility's resident elopement response policies

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	AL11966353	A. BUILDING: _____ B. WING _____	R 10/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS AT SUNSET BAY	7423 KAUAI LOOP NEW PORT RICHEY, FL 34653

(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 081}	Continued From page 14 and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that required in-service trainings were conducted within 30 days of employment in the subjects of the facility's emergency procedures including chain of command and staff roles relating to emergency evacuation (Emergency Training) and the facility's elopement response policies and procedures (Elopement Training) for three (Staff C, Staff D, and Staff E) of four employee records reviewed. Additionally, the facility failed to ensure that staff had required training in the subject of safe food handling practices (Safe Food Training) for one (Staff E) of four records reviewed. Findings included: A review of employee records conducted on showed that Staff C was hired , Staff D was hired on , and Staff E was hired on . A review of the three records revealed a lack of proof of Emergency Training and Elopement Training. The review of Staff E's record also showed an absence of proof of Safe Food Training. The Administrator was interviewed on at 2:18 PM concerning the lack of proof of Emergency Training and Elopement Training in Staff C's, Staff D's, and Staff E's records as well as the lack of proof of Safe Food Training in Staff E's record. The Administrator reviewed the three	{A 081}		

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{A 081}	Continued From page 15 employees' records and stated that proof of the required trainings was not present. Class III	{A 081}		
{A 083} SS=D	58A-5.0191(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (.). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current . certification that requires the student to demonstrate, in person, that he or she is able to perform . and which is issued by an instructor or training provider that is approved to provide . training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide proof that there was a staff member in the facility at all times that held currently valid cards for training in first aid (First Aid Training) and . . . . . (Training).	{A 083}		

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{A 083}	Continued From page 16 Findings included: A review of employee records conducted on revealed that Staff A and Staff H had no proof of First Aid Training or Training and Staff B's record had no proof of First Aid Training. The director of nursing (DON) was then asked to provide proof that there was a staff member on all three shifts, (7am-3pm, 3pm-11pm, and 11pm-7am) that had both First Aid Training and Training. An interview was conducted with the Director of Nursing (DON) on at 2:07 PM and the DON stated that there was no proof that there was a staff member on every 11pm-7am shift for the week that had First Aid Training and Training. An additional interview was conducted with the DON on at 2:28 PM and the DON stated that there was no proof that there was a staff member on all 3pm-11pm shifts for the week that had First Aid Training. Class III	{A 083}		
{A 181} SS=D	58A-5.026(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 58A-5.023,	{A 181}		

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{A 181}	Continued From page 17 F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on attempted record review and interview, the facility failed to obtain approval from the local emergency management agency for its comprehensive emergency management plan (CEMP). Findings included: The Administrator was interviewed on [redacted] at 9:23 AM and stated that the facility had not received approval of its CEMP. The Administrator stated that the local emergency management	{A 181}		

Agency for Health Care Administration

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{A 181}	Continued From page 18 agency had requested an engineer's drawing and that the engineer had not come to the facility yet in order to draft the drawing. Class III	{A 181}		