

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967657	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/19/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WATER'S EDGE OF LAKE WALES, LLC

**10 GROVE AVENUE WEST
LAKE WALES, FL 33853**

(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 Change of Ownership (CHOW) Survey with Extended Congregate Care (ECC), Limited Nursing Services (LNS), and Generator Monitoring were conducted at Waters Edge of Lake Wales Assisted Living Facility on 11/19/19. Deficiencies were identified at the time of survey.	A 000		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately	A 084		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 084	Continued From page 1 demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, _____ dosage forms, and _____ and _____ dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist and _____ that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with _____; j. Use a _____ to perform _____ testing;	A 084		

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A 084	Continued From page 2 k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels; l. Apply and remove _____ stockings and hosiery; m. Placement and removal of _____ bags, excluding the removal of the _____ or manipulation of the _____ site; and, n. Measurement of _____ rate, temperature, and _____ rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a	A 084		

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A 084	Continued From page 3 registered nurse, a licensed pharmacist, or agency staff. The agency shall establish by rule the minimum requirements of this additional training. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to have training certificates and evidence of meeting the training requirements pursuant to section 429.52(6), Florida Statutes prior to assuming the responsibility. Findings Included: A record review for Staff F (an unlicensed Medication Technician), conducted on _____, revealed that Staff F had a training certificate for dated _____ that stated two hours training. The two was crossed out and had 'six' handwritten in its place. Surveyor was unable to determine when or by whom that the two was changed to a six. There were no credentials for the trainer identified on the certificate. The certificate did not contain the regulations or statutes number that the training covered. Staff F was hired on _____. A record review for Staff G (an unlicensed Medication Technician), conducted on _____, revealed that Staff G had a training certificate for dated _____ that stated six hours training. The day (16) was crossed out and the day '17' was handwritten in. Surveyor was unable to determine when or by whom that the day 16 was changed to 17. There were no credentials for the trainer identified on the certificate. The certificate did not contain the regulations or statutes number that the training covered. Staff G was hired on _____.	A 084		

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A 084	Continued From page 4 A record review for Staff H (an unlicensed Medication Technician), conducted on _____, revealed that Staff H had a training certificate for dated _____ that stated six hours training. The six was crossed out and had 'two' handwritten in its place. Surveyor was unable to determine when or by whom that the six was changed to a two. There were no credentials for the trainer identified on the certificate. The certificate did not contain the regulations or statutes number that the training covered. Staff H was hired on _____. An observation, conducted on _____ at 04:15pm, revealed that the Facility had a stack of pre-dated and pre-signed training certificates for Assistance with Medication two- and six-hour trainings in their certificate binder with no names of staff on the certificates. During an interview with the Administrator, conducted on _____ at 04:45pm, the Administrator agreed that the unlicensed Medication Technician Certificates did not have all required elements on the certificates and agreed that there should not be any pre-signed certificates in the Facility. Class III	A 084		