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
	AL11964922	A. BUILDING: _____ B. WING _____	R 11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING OF PALM BEACH	4760 JOG ROAD GREENACRES, FL 33467

(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 second revisit to a licensure complaint survey, #2019007862, was conducted at Pacifica Senior Living of Palm Beach on and . There were uncorrected deficiencies and one new deficiency identified 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 -	{A 052}		

AHCA Form 3020-0001

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

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{A 052}	Continued From page 1 level checks. (i) Assisting with putting on and taking off 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	{A 052}		

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{A 052}	Continued From page 2 discretion on the part of the unlicensed person. 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	{A 052}		

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{A 052}	Continued From page 3 medication schedule that coincides with the resident's presence in the facility, 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 on record review and interview, the facility failed to ensure residents were assisted with their Physician prescribed medications as ordered and documented on the Medication Observation Records (MOR), for 7 out of 7 sampled residents' MORs reviewed (Resident#1 and Resident #4 thru #9).	{A 052}		

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{A 052}	Continued From page 4 The Findings Included: During observations of the medication pass on between 9:30 AM and 10:30 AM and review of the MORs, the following concerns were noted. a) Resident#1 was prescribed 25 mg. twice a day in the AM and in the PM. Further review of Resident#1's the MOR revealed the AM and PM dose of medication was not given from through (AM dose). The PM dose was given. It is documented on of MOR that medication for (not given), (not available), /(waiting on order), and (AM) (waiting on order). The medication was not given on and , and there is no documentation on of the MOR for those two days. Further review of the resident's observation record revealed no documentation that the resident's doctor was notified, and there was no documentation that the residents ( ) was being monitored during the time the resident was not taking his medication. b) Resident#4 - no signatures noted on the MOR for indicating the resident had received 28 mg, 1 by daily. c) Resident#5 -no signatures noted on the MOR for indicating the resident had received (25 MG) three times a day. d) Resident#6- no signatures noted on the MOR indicating the resident had received 20 mg, 1 capsule by every morning for	{A 052}		

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{A 052}	Continued From page 5 and . e) Resident#8 - no signatures noted on the MOR indicating the resident had received the following medications on and ; Prune Juice every morning, , 81 mg, 1 by daily, Cranberry Capsule 425 mg, twice daily, Gummy , Hydration Multiplier mix 1 pack with water by daily and 1 Gummy D 2000 units by daily. f) Resident#9 - no signatures noted on the MOR for indicating the resident had received CL ER 20 meg, 1 tablet once a day, , 5 mg 1 daily, 325 mg 1 daily, , 500 mg 2 by in morning, D3 2000 units 1 daily, , 1.25 mg 1 tablet twice a day. During an interview with the Director of Nursing and the Administrator on 11/13/2019 at approximately 2:30 PM, aforementioned was discussed and the missing dosages for the residents. There was no explanation given for the missed signatures on the MOR's. The findings were acknowledged, and no additional documentation was provided for review. Class III Uncorrected	{A 052}		
{A 054} SS=D	58A-5.0185(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	{A 054}		

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{A 054}	Continued From page 6	{A 054}		

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 offered or administered and include:
1. The name of the resident and any known [illegible] 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 [illegible], 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 record review and interview, the facility failed to ensure the resident's Medication Observation Record (MOR) documented the reason a medication was not given to the resident, and failed to follow- up with the physician, for 2 of 7 sampled residents (Resident#1 and Resident#7)

The Findings Included:

A review of the MOR for

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{A 054}	Continued From page 7 Resident #1 and #7 revealed the following concerns. a) Resident#1 was prescribed 25 mg. twice a day in the AM and in the PM. Further review of Resident#1's the MOR revealed the AM and PM dose of medication was not given from through (AM dose). The PM dose was given. It is documented on of MOR that medication for (not given), (not available), /(waiting on order), and (AM) (waiting on order). The medication was not given on and , and there is no documentation on of the MOR for those two days. Further review of the resident's observation record revealed no documentation that the resident's doctor was notified, and there was no documentation that the residents ( ) was being monitored during the time the resident was not taking his medication. b) Further review revealed Resident#7's MOR revealed the resident refused or did not swallow medication on and , and again on , , , . No documentation of date or time that doctor was notified of the constant refusal. On at approximately 2:30 PM, the Director of Nursing and the Administrator was interviewed. The DON stated, she verbally notified the physicians and the family, but could not provide any documentation with the date and time of the notifications. The DON was unable to provide any record of monitoring during the time the resident did not receive his medication. At this time the findings were acknowledged and there was no additional documentation provided for review.	{A 054}		

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{A 054}	Continued From page 8 Class III Uncorrected	{A 054}		
A 056 SS=D	58A-5.0185(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 who obtained them, must be noted in the	A 056		

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A 056	Continued From page 9	A 056		

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 label containing the following:

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A 056	Continued From page 10 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 record review and interview, the facility failed to ensure all medications are refilled in a timely manner and that the resident's physican is notified of any concerns regarding dosages (including multiple missed dosages), for 1 of 7 sampled residents (Resident#1). The Findings Included: Review of Resident #1's [redacted] Medication Observation Record (MOR) revealed the following concerns. Resident#1 receives [redacted] 50 mcg every AM prior to eating. This surveyor observed Resident#1 being assisted with self-administration of medication at 9:30 AM, and at this time witnessed the [redacted] 50 mcg being given, after breakfast. Resident#1 also received [redacted] 25 mg, twice a day in the AM and in the PM . Further review of Resident#1's MOR revealed the AM and PM dose of medication was not given from through [redacted] (AM dose). The [redacted] PM dose was given. It is documented on [redacted] of MOR that medication for [redacted] (not given), [redacted] (not available), [redacted] /(waiting on order), and	A 056		

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A 056	Continued From page 11 . . . . (AM) (waiting on order). The medication was not given on and , and there is no documentation on . . . of the MOR for those two days. Further review of the residents observation record, revealed no documentation that the residents doctor was notified, and there was no documentation that the residents . . . . . ( ) was being monitored during the time the resident was not taking his . medication. On . . . . . at approximately 2:30 PM, The Director of Nursing and the Administrator was interviewed, and the DON stated, she verbally notified the physicians and the family, but could not provide any documentation with the date and time of the notifications. The DON was unable to provide any record of monitoring during the time the resident did not receive his medication. At this time, the findings were acknowledged and there was no additional documentation provided for review. Class III	A 056		
{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	{A 058}		

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{A 058}	Continued From page 12	{A 058}		

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 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

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{A 058}	Continued From page 13 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 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 record review and interview, it was determined that the facility failed to ensure that previously cited deficiencies regarding noncompliance with respect to Medication Practices within the facility were corrected during the revisit survey, and the facility also failed to obtain a required Pharmacist Consultation. Cross reference A 0052, A 0054 and A 0056 The findings included: 1) On and , a revisit to licensure complaint # 2019007862 was conducted. The facility has uncorrected Class III deficiencies identified; the facility failed to follow the prescribed medication orders and failed to ensure the MOR's were documented accurately. Therefore, the facility is required to obtain the services of a licensed Pharmacist for consultation services.	{A 058}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964922	A. BUILDING: _____ B. WING _____	R 11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING OF PALM BEACH	4760 JOG ROAD GREENACRES, FL 33467

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{A 058}	Continued From page 14 2) On and , a revisit to licensure complaint#2019007862 was conducted, and the required Pharmacist consultation services obtained was requested. The last pharmacy consult was conducted on and documented holes in the MOR's and incomplete as needed medication (PRN) documentation on MOR. The facility was unable to provide a current Pharmacy Consult. On at approximately 3:00 PM, during an interview with the Administrator, she acknowledged the findings and provided no additional documentation for review. The Administrator confirmed that the facility had not complied with the regulatory requirement to obtain the Pharmacist consult due to uncorrected medication deficiencies identified during the survey in , and , . Class III Uncorrected	{A 058}		