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
	AL11969225	A. BUILDING: _____ B. WING _____	01/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE GIBSON VILLAGE LLC	771 CARPENTERS WAY LAKELAND, FL 33809

(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 Complaint Investigation (Complaint Number: 2019015669) was conducted at Lake Gibson Village Assisted Living Facility on . Deficiencies were identified at the time of survey.	A 000		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require	A 055		

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A 055	Continued From page 1 central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are	A 055		

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A 055	Continued From page 2 still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to store medication properly, failed to specifically identify stored medications as discontinued, and failed to dispose of medications within thirty-days of being discontinued or abandoned as required for eight (#7, #10, #12, #11, #13, #14, #15, and #16) of eight sampled residents. Findings Included: During an observation of the Resident Care Coordinator's (RCC) office, conducted on . . . . . at 03:00pm, a tall cabinet contained two bags full of medications (meds) for former Resident #13 and Resident #11. Further observation at 03:20pm on , in the closet inside the Resident Care's office contained many boxes and bags full of meds for current and discharged residents. Not all of the boxes and bags were labeled as discontinued meds. The bag that held Resident #13's meds had a label on it that stated, "discontinued medications	A 055		

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A 055	Continued From page 3 ". A bag of meds for former Resident #12 did not state discontinued meds. A bag of discontinued meds for Resident #14 did not have the date of discontinuation and had both inhalers and pill bottles stored together in the same plastic bag. Another bag of meds for former Resident #13 had and pill bottles stored together in the same bag and there was no date of the discontinuation of meds. There was a bottle of Resident #7's med 0.1mg stored with Resident #13 discontinued meds. There was another bag of meds for Resident #13 in which liquid and pills were stored in the same bag which included , , , , and B1. There two boxes full of meds with no labeling to who the meds belonged to and were not labeled as stock meds or discontinued meds. Inside the boxes was a Medication Disposal Log that listed the meds consistent with the meds in the boxes. There was no destruction date for the meds. There was a box of testing equipment that included needles and test strips for former Resident #11 and the box was not identified as discontinued. There was a box of meds for former Resident #10 that included pill bottles, pill packs, and a , stored together, and the box was not identified as discontinued meds. There was a bag full of meds for former Resident #15 and the bag was not identified as discontinued meds. There was a bag full of meds for former Resident #16 and the bag was not identified as discontinued meds. (Photographic Evidence Obtained) During a telephone interview with Staff B, a Licensed Practical Nurse, conducted on at 03:13pm, the staff stated that the meds in the Resident Care Coordinator's office and in the Resident Care Office were discontinued and expired meds and "we kept them in case the	A 055		

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A 055	Continued From page 4 resident was put . . . on the med". Record reviews, conducted on . . . . . , revealed that: - Resident #7 had a current and active order for 0.1mg - Resident #10 was discharged from the Facility on to a rehabilitation center - Resident #11 was discharged from the Facility on to a rehabilitation center - Resident #13 was discharged from the Facility on due to a move out of State - Resident #14 was discharged from the Facility on as - Resident #15 was discharged from the Facility on to a rehabilitation center - Resident #16 was discharged from the Facility on as During an interview with the Compliance Manager, conducted on . . . . . at 03:35pm, the Compliance Manager agreed that all of the meds should have been properly destroyed, sent . . . to pharmacy, or given to family or the RS upon discharge from the Facility. During the Exit Conference with the Administrator, via telephone and Compliance Manager, conducted on . . . . . at 05:15pm, the Administrator stated that she had no idea that meds that were discontinued/no longer in use were being stored like that and would provide re-education over med disposal/destruction with the nursing staff immediately. Class III	A 055		