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
	AL11911320	A. BUILDING: _____ B. WING _____	11/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMER TIME LODGE, INC	909 NORTH WYMORE ROAD WINTER PARK, FL 32789

(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 Complaint Investigation #2019013914 was conducted on . . . . . Summertime Lodge had deficiencies found at the time of the visit.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of . . . . . or . . . . . , ... or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such . . . . . or . . . . . . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider	A 025		

AHCA Form 3020-0001

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

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A 025	Continued From page 1 and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain a general awareness of a residents whereabouts for 1 of 1 sampled residents (#1). Findings: In a review of Resident#1's 1823 dated revealed the resident has a history of , , requires assistance with medication and is not an elopement risk. Her medications for Doxepin 50 mg and , 3 mg are to be taken 1x per day,. In a review of the facility's resident sign in/out log for the months of and , confirmed the resident signed out of the facility on at 12pm. She did not return to the facility until . No further information is stated. In review of Resident#1's Medication Observation Record (MORs) for the month of , it revealed the dates through states the resident is on social leave and did not take her	A 025		

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A 025	Continued From page 2 daily medications. In review of the facility's daily observation log for Resident#1 states the facility notified police on . . . . . to report a missing person after the resident was out of the facility since . On . . . . . the staff noticed her medications were still in the cart. On it states the resident came . . . to the facility stating she wants to leave and will be living with her boyfriend. In review of the Law enforcement report dated at 10:30pm a missing persons report was made for Resident#1. No further information is stated. In interviews on at various times starting at 11am with Residents #2, 3,4, 5, 6 and 7, confirmed residents are required to sign in and out of the log book when leaving the facility. They also confirmed the residents are required to inform the staff when going on a social leave overnight and their medications are given to them for the time away from the facility. In interviews on at various times starting at 10 am with Administrator, and Staff A, B and C, they confirmed this is the residents behavior but normally advises the staff how long she will be gone. They state the resident often stays away on social leave but this time the resident did not alert staff how long she would be gone and she did not take her medications with her. They confirmed they knew she was with a friend but did not know the name of the friend, how long she would be staying or the whereabouts of the resident. They confirmed they did not have any contact information to call the resident.	A 025		

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A 025	Continued From page 3 In an interview on at 12pm with the administrator, she confirmed the above findings. Class II	A 025		
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	A 055		

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A 055	Continued From page 4 6. The facility's rules and regulations require 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	A 055		

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A 055	Continued From page 5 at least 15 days, the resident's medications are 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 record review and interview the facility failed to document abandoned medication within 30 days of being determined abandoned or expired that must be documented in the resident's record for 1 out 3 sampled records (Resident#1). Findings: In a review of Resident#1's 1823 confirmed the resident has a diagnosis of , and that requires assistance of medication for , 3mg and Doxepine 50mg to be taken daily. The prescription was for a 30 day supply for each medication. In a review of the Medication Observation Record (MORs) for Resident#1, confirmed the last dosage administered to the resident for the month of , was . In a review of the admission discharge log for the	A 055		

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A 055	Continued From page 6 month of , the resident was discharged on and there was no documentation of the remaining medications from to of being disposed of by the facility or given to the resident. In an interview with the Administrator on at 11am, she stated she disposed the remaining medication but did not have any documentation of the disposal in the residents record. Class III	A 055		