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
	AL11968808	A. BUILDING: _____ B. WING _____	R 01/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIOLET GARDENS ALF LLC	372 SW TODD AVENUE PORT SAINT LUCIE, FL 34983

(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 revisit to the Limited Nursing Services (LNS) Monitoring survey was conducted on at Violet Gardes ALF LLC. The facility had an uncorrected deficiency and a new deficiency identified at the time of the survey.	{A 000}		
{A 054} SS=D	59A-36.008(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 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 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 , 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	{A 054}		

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{A 054}	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on resident record reviews and staff interviews, the facility failed to ensure completion of 2 of 2 residents' medication observation record (MOR) immediately after the medication is offered to the residents for self-administration (Resident #1 and #2). The findings included: On . . . . . , during the Licensed Nursing Services (LNS) monitoring survey, the previous nurse surveyor reviewed the MOR and found that staff were not initialing the MOR immediately after providing the medications to the residents, instead pre-signing the MOR before the medications were provided. It was also discovered that the MOR was being initialed by staff who were not actually providing the medications. A Plan of Correction for this deficient practice was submitted for review on . . . . . . The Plan of Correction stated the Administrator had started training all staff on assisting with self-administered medication, which included medication documentation. On . . . . . , a follow-up to the LNS monitoring survey was completed. On at 8:20 AM, the MOR for Resident #1 and Resident #2 were reviewed. The following medications given to Residents #1 and #2 in the afternoon and evening on were not initialed by staff: Resident #1: a) . . . . . at 12 PM, 4 PM and 8 PM	{A 054}		

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{A 054}	Continued From page 2 b) [illegible] at 8 PM c) [illegible] at 9 PM d) [illegible] at 2 PM and 8 PM e) [illegible] at 8 PM (prn/"as needed" medication being given daily) f) Floricet 2 PM and 8 PM g) [illegible] at 2 PM and 8 PM Resident #2 a) [illegible] at 8 PM b) [illegible] at 8 PM (prn medication being given 2 times a day) Interview with Staff B was conducted on [illegible] at 9:48 AM. Staff B stated the administrator had stressed the importance of initially the MOR, but she had " [illegible] down" on that task yesterday. St stated she was sorry, but there was no way she could not correct it now. The Administrator was notified of the uncorrected deficiency on [illegible] at 1:10 PM. Class III Uncorrected	{A 054}		
A 056 SS=D	59A-36.008(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	A 056		

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A 056	Continued From page 3 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 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	A 056		

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A 056	Continued From page 4 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: 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 resident record review and staff interview, the facility failed to ensure "as needed" medications were accompanied by orders/instructions which describe the circumstance under which it would be appropriate	A 056		

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A 056	Continued From page 5 for the resident to request the medication, and any limitations must be specified (i.e. not to exceed # of tablets per day), for 2 of 2 residents (Residents #1 and #2). The findings included: 1) On at 8:20 AM, during review of the MOR for Resident #1, the following medications were ordered to be provided "as needed": a) Clonezapam 0.5 mg to be provided every 12 hours "as needed for , ." There was no further clarification as when it would be appropriate for the resident to request the medication or to the limitations of the medication. This medication was being provided by staff routinely twice every day. 2) On at 8:24 AM, during review of the MOR for Resident #2, the following medications were ordered to be provided "as needed": a) , 40 mg daily "as needed". There is no indication as to when it would be appropriate for resident to request the medications or to the limitations of the medication. This medication was being provided by staff routinely every day. b) 25 mg 2 times a day "as needed." There is no indication as to when it would be appropriate for resident to request the medications or to the limitations of the medication. This medication was being provided by staff routinely twice every day. c) HFA 90 mg inhaler, take 2 puffs into every 6 hours "as needed". There is no indication as to when it would be appropriate for resident to request the medications or to the limitations of the medication. During interview with Staff B on at 9:30	A 056		

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A 056	Continued From page 6 AM, Staff B was asked by Resident #1 receives her "as needed" medications on a daily basis. Staff B replied, "She needs them every day." Staff B stated that she believed the Administrator had spoken to the doctor about the residents getting some of the medications every day, but there was no new order was on file to change to "routine" administration for the above medications. The Administrator was informed of the concerns with the "as needed" medications on at 1:10 PM. Class III	A 056		