

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11942763</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>01/29/2020</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BRENTWOOD RETIREMENT COMMUNITY**

**1900 WEST ALPHA COURT  
LECANTO, FL 34461**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A complaint investigation (complaint numbers 2019019707, 2020000850, 2020000940 and 2020001074) was conducted at Brentwood Retirement Community on . . . . .<br>Deficient practice was identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A 000               |                                                                                                                          |                          |
| A 052                    | 429.256( . . . ); 59A-36.008(3) Medication - Assistance with Self-Admin<br><br>429.256<br>(3) Assistance with self-administration of medication includes:<br>(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.<br>(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.<br>(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 . . .<br>(d) Applying . . . medications.<br>(e) Returning the medication container to proper storage.<br>(f) Keeping a record of when a resident receives assistance with self-administration under this section.<br>(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 . . .<br>(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<br><br>level checks.<br>(i) Assisting with putting on and taking off<br>stockings.<br>(j) Assisting with applying and removing an<br>but not with titrating the<br>prescribed settings.<br>(k) Assisting with the use of a continuous positive<br>airway pressure device but not with titrating the<br>prescribed setting of the device.<br>(l) Assisting with measuring vital signs.<br>(m) Assisting with bags.<br><br>(4) Assistance with self-administration does not<br>include:<br>(a) Mixing, converting, or<br>medication doses, except for<br>measuring a prescribed amount of liquid<br>medication or breaking a scored tablet or<br>crushing a tablet as prescribed.<br>(b) The preparation of syringes for injection or the<br>administration of medications by any injectable<br>route.<br>(c) Administration of medications by way of a tube<br>inserted in a of the body.<br>(d) Administration of preparations.<br>(e) Irrigations or debriding agents used in the<br>treatment of a skin condition.<br>(f) or preparations.<br>(g) Medications ordered by the physician or<br>health care professional with prescriptive<br>authority to be given "as needed," unless the<br>order is written with specific parameters that<br>preclude independent judgment on the part of the<br>unlicensed person, and at the request of a<br>competent resident.<br>(h) Medications for which the time of<br>administration, the amount, the strength of<br>dosage, the method of administration, or the<br>reason for administration requires judgment or | A 052               |                                                                                                                          |                          |

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| A 052                    | <p>Continued From page 2</p> <p>discretion on the part of the unlicensed person.</p> <p>(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.</p> <p>59A-36.008</p> <p>(3) ASSISTANCE WITH SELF-ADMINISTRATION.</p> <p>(a) Any unlicensed person providing assistance with self-administration of medication must be 18 years of age or older, trained to assist with self-administered medication pursuant to the training requirements of rule 59A-36.011, 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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(e) When a resident who receives assistance with</p> | A 052               |                                                                                                                          |                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRENTWOOD RETIREMENT COMMUNITY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1900 WEST ALPHA COURT<br/>LECANTO, FL 34461</b>                              |  |                                                                    |
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| A 052                                                                     | <p>Continued From page 3</p> <p>medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:</p> <ol style="list-style-type: none"> <li>1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,</li> <li>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,</li> <li>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</li> <li>4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.</li> </ol> <p>(f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S.</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol> <p>(g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation, interview, and record</p> | A 052                                                                          |                                                                                                                          |  |                                                                    |

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| A 052                                                                     | <p>Continued From page 4</p> <p>review, the facility failed to ensure unlicensed staff (Staff A) provided assistance with self-administration of medications to 1 of 3 observed residents (Resident #7).</p> <p>Findings:</p> <p>On _____ at 10:40 AM, during an interview, Resident #3 stated that the Med Techs at the facility did not read the prescription labels to her when they provided her with her medication.</p> <p>On _____ at 10:40 AM, during an interview, Resident #4 stated that the Med Techs at the facility did not read the prescription labels to him when they provided him with his medication.</p> <p>On _____, at 12:20 PM, during an interview, Resident #5 stated that the Med Techs at the facility did not read the prescription labels to him when they provided him with his medication.</p> <p>On _____ at 1:05 PM, Staff A, Med Tech, was observed assisting with self-administration of medications for Resident #7. Staff A stated to the resident, "I just brought you your _____." Staff A removed one _____ Capsule 100 mg (take one capsule by _____ three times a day) from the pill card and gave it to the resident. Staff A did not read the prescription label to the resident.</p> <p>On _____ at 1:10 PM, during an interview, Staff A confirmed that she did not read the prescription label of the medication that she provided to Resident #7. Staff A confirmed that she knew it was required to read the prescription label of the medication she provided to the resident.</p> | A 052                                                                          |                                                                                                                          |                          |                                                                    |

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| A 052                    | <p>Continued From page 5</p> <p>On . . . . . at 4:10 PM, during an interview, the Director of Nursing confirmed that the Med Techs gave the name of the medications they provided to the residents, but she was unaware that the State regulation required all of the medication information on the prescription label to be read to the residents.</p> <p>A record review of the facility's Informed Consent to Assistance with Medication by Unlicensed Personnel revealed, "Assistance with self-administration of medications means that trained, unlicensed staff can help a person to self-administer their medications by performing tasks, such as: ... 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."</p> <p>Class III</p> | A 052               |                                                                                                                          |                          |