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
	AL11967632	A. BUILDING: _____ B. WING _____	02/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DLM HOME CARE SERVICES ALF	8416 BARRETT PLACE TAMPA, FL 33612

(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 numbers 2019018166 and 2019018450) was conducted at DLM Home Care Services ALF (assisted living facility) on . . . . . There were deficiencies 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 record review and interview, the Facility failed to ensure that Medication Observation Records (MORs) were accurate and free from omissions and errors and failed to note residents' health care providers telephone numbers for three Residents (#3, #4, and #5) of three sampled Residents that required either assistance with self-administration of medication or medication administration. Findings Included: A review of the Medication Observation Records (MORs), conducted on , revealed that the Facility had two sets of MORs for Residents #3, #4, and #5. One set of MORs was a Pharmacy generated MORs that had no medications documented as given and the other set was a computer typed MORs that had medications documented as given. The Pharmacy MORs had numerous errors and duplications of medications for each resident. A MORs review for Resident #3, conducted on , revealed that Resident #3's MORs had errors and the health care providers' telephone was not noted on the resident's MORs. Resident #3's prescribed , had the wrong dose noted and Resident #3's prescribed was omitted from the MORs. A MORs review for Resident #4, conducted on , revealed that Resident #4's MORs had errors and the health care providers' telephone was not noted on the resident's MORs.	A 054		

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A 054	Continued From page 2 Resident #4's prescribed . . . . , . . . had the wrong dose and times noted on the computer typed MORs. A MORs review for Resident #5, conducted on , revealed that Resident #5's MORs had omitted medications and the health care providers' telephone was not noted on the resident's MORs. Resident #5's prescribed and was not listed on the computer typed MORs. During an interview with the Administrator, conducted on at 12:30pm, the Administrator stated that the Federal Hospital gave a printout of the resident's medication (specifically referring to Resident #3) every month and the types up the MORs from the medication labels and the medication list that was provided. The Administrator stated that Resident #3's medications and doctors frequently change. There was no explanation provided for Resident #4 and #5. The Administrator agreed that there were discrepancies, omissions, and errors on Resident #3, #4, and #5's MORs. The Administrator did not provide a current medication list for Resident #3 but did provide the Pharmacy and computer typed MORs for the resident. The Administrator stated that he started typing out the MORs in the computer because there were always many errors on the Pharmacy MORs. Class III	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	A 056		

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A 056	Continued From page 3 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 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	A 056		

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A 056	Continued From page 4 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: 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	A 056		

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A 056	Continued From page 5 prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the Facility failed to provide medications consistent with health care providers' orders for three Residents (#3, #4, and #5) of three residents that required either assistance with self-administration of medications or medication administration. Findings Included: A review of the Medication Observation Records (MORs), conducted on , revealed that the Facility had two sets of MORs for Residents #3, #4, and #5. One set of MORs was a Pharmacy generated MORs that had no medications documented as given and the other set was a computer typed MORs that had medications documented as given. A medication review for Resident #3, conducted on , revealed that Resident #3 had the medication 1000mcg prescribed to take two tablets by every morning and the order was for 500mg take one tablet every day. Resident #3 had the medication 100mg prescribed to take one tablet every night at bedtime and the order was for one and one-half tablet every night at bedtime. Resident #3 had the medication , 100mg prescribed to take one capsule twice every day and the computer MORs had this medication documented as given to the resident three times every day. There were no orders found in Resident #3's record to change the dose for the medications described. There were many discrepancies found between the computer-typed	A 056		

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A 056	Continued From page 6 MORs and the Pharmacy MORs. A medication review for Resident #4, conducted on , revealed that Resident #4 had the medication , 300mg prescribed to take one capsule three times every day. Resident #4's computer typed MORs had the medication scheduled at 08:00am and 05:00pm and not three times every day as prescribed. There were many discrepancies found between the computer-typed MORs and the Pharmacy MORs. A medication review for Resident #5, conducted on , revealed that Resident #5 had the medications 20mg prescribed to take every night at bedtime and B-100mg prescribed to take two tablets twice every day. Neither medication was listed as a medication to give on Resident #5's computer typed MORs. There were many discrepancies found between the computer-typed MORs and the Pharmacy MORs. During an interview with the Administrator, conducted on at 12:30pm, the Administrator stated that the Federal Hospital gave a printout of the resident's medication (specifically referring to Resident #3) every month and that he types up the MORs from the medication labels and the medication list that was provided. The Administrator stated that Resident #3's medications and doctors frequently change. There was no explanation provided for Resident #4 and #5. The Administrator agreed that there were discrepancies. The Administrator did not provide a current medication list for Resident #3 but did provide the Pharmacy and computer typed MORs for the resident. The Administrator stated that he started typing out the MORs in the computer because there were always many	A 056		

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A 056	Continued From page 7 errors on the Pharmacy MORs. Class III	A 056		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered	A 084		

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A 084	Continued From page 8 nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, [illegible] dosage forms, and [illegible] and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with [illegible] syringes that are prefilled with the proper dosage by a pharmacist and [illegible] that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible]	A 084		

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A 084	Continued From page 9 levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, a licensed pharmacist, or agency staff. The agency shall establish by rule the minimum requirements of this additional	A 084		

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A 084	Continued From page 10 training. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the Facility failed to have training certificates and evidence of meeting the training requirements pursuant to section 429.52(6), Florida Statutes prior to assuming the responsibility of assisting residents with self-administration of medications for two employees (Administrator and Staff A) of two employees that assist residents with their medications. Findings Included: A record review for the Administrator, conducted on , revealed the Administrator was hired on and that there was no training certificate for the required two-hour update in the employee's record. A record review for Staff A, conducted on , revealed Staff A was hired and that there was no training certificate of initial training for assisting with self-administration of medications in the employee's record. During an interview with the Administrator, conducted on at 01:15pm, the Administrator was unable to provide evidence that he took the required two-hour update over the new regulations and duties allowed. The Administrator was unable to provide Staff A's initial four-hour training certificate for assisting with self-administration of medications. Class III	A 084		

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A 162	Continued From page 11	A 162		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [illegible], 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance [illegible], 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [illegible], or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually.	A 162		

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A 162	Continued From page 12 (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy,	A 162		

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A 162	Continued From page 13 guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's . . . . . , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020,	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967632	A. BUILDING: _____ B. WING _____	02/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 162	Continued From page 14 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to obtain a -to- Health Assessments with accurate data documented completely on the Agency for Health Care Administration's (AHCA) Form 1823 (1823) every three years as required for two Residents (#4 and #5) of three sampled residents. Findings Included: A record review for Resident #4, conducted on , revealed that Resident #4 had an 1823 in the resident's record dated , which was on the AHCA form and not the form as required. Resident #4 stated that the resident required medication administration. Resident #4 was admitted into the Facility on . A record review for Resident #5, conducted on , revealed that Resident #5 had an 1823 in the resident's record dated , which was on the AHCA form and not the form as required. The form was dated greater than three years and there was not a more recent form found in the resident's record. Resident #5 was admitted into the Facility on . During an interview with the Administrator, conducted on at 01:15pm, the Administrator agreed that Resident #5's 1823 was greater than three years old and the Administrator was unaware that the Facility was required to obtain an 1823 for residents that do not have changes in condition, every three years.	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 162	Continued From page 15 The Administrator stated that the Facility did not employ nurses to administer medications and that the information on Resident #4's 1823 was incorrect. Class III	A 162		