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 |
|---|---|---|---|
| | AL11966606 | A. BUILDING: _____ B. WING _____ | 02/17/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PARAH ASSISTED LIVING FACILITY LLC | 701 SW TULIP BLVD PORT SAINT LUCIE, FL 34953 |

| (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 |
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| A 000 | Initial Comments<br><br>An unannounced abbreviated Relicensure survey was conducted on . . . . . at Parah Assisted Living Facility LLC. The facility had a deficiency at the time of the survey. | A 000 | | |
| A 056 SS=D | 59A-36.008(7) FAC Medication - Labeling and Orders<br><br>(7) MEDICATION LABELING AND ORDERS.<br>(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 recorded on each individual container:<br>1. The resident's name; and,<br>2. The identification of each medicinal drug in the container.<br>(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.<br>(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 | A 056 | | |

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| A 056 | Continued From page 1<br>medication record, or a revised label must be obtained from the pharmacist.<br>(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.<br>(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.<br>(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.<br>(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: | A 056 | | |

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| A 056 | Continued From page 2<br><br>1. Practitioner's name,<br>2. Resident's name,<br>3. Date dispensed,<br>4. Name and strength of the drug,<br>5. Directions for use; and,<br>6. Expiration date.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and staff interview, facility failed to ensure staff provided prescribed medications to 2 of 2 residents observed during assistance with self-administered medications within the timeframe prescribed by the resident's health care provider (Residents #1 and #3).<br><br>The findings included:<br><br>1) On ... .... at 11:00 AM, Staff A provided Resident #1 with the following prescribed medications:<br>a) , ( ) 2 mg, take one tablet by ... three times daily (8 AM, 2 PM, 8 PM); and<br>b) . .. ...., .. ( , ) 0.5 mg, take one tablet by three times daily (8 AM, 2 PM, 8 PM).<br>These medications were provided 3 hours before the scheduled medication times.<br><br>2) On 02//17/20 at 1:30 PM, Staff B provided Resident #3 with the following prescribed medication:<br>a) ., / , ( ) 25-100 mg, | A 056 | | |

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| A 056 | Continued From page 3<br>take on tablet by . . . four times per day (9 AM, 12 Noon, 3 PM, 7 PM).<br>This medication was provided 1.5 hours after its scheduled medication time.<br><br>Per recognized safe medication practices, medications administered more frequently than daily, but not more frequently than every 4 hours, are to be administer within 1 hour before or after the scheduled time [Institute for Safe Medication Practices (ISMP). ISMP Acute Care Guidelines for Timely Administration of Scheduled Medications; 2011. https://www.ismp.org/ /361].<br>Per Florida Department of Elder Affairs Assistance of Self-Administration Medication Study Guide for ALF Staff ( , , Revised , page 19), "Standard practice is that medications are given within one hour before or one hour after the TIME noted on the MOR or medication label. It is considered a medication error if outside the one hour range."<br><br>On at 2:00 PM, while discussing the medication concerns with Staff A, she stated that she had only provided the medications to Resident #1 at 11:00 AM because she thought this surveyor wanted to watch her provide the medications. It was discussed with Staff A that on at 10:50 AM, I had asked Staff A if there were any residents who needed to have medications given at lunchtime, and if so, the provision of the medications would need to be observed. At 11:00 AM, Staff A told Resident #1 that she was going to provide her medications a little early because the state surveyor needed to watch her (Staff A) give the medication to ensure she was doing it properly. This surveyor informed Staff A that it would have been acceptable to have provided Resident #1 her medications 1 hour | A 056 | | |

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| A 056 | Continued From page 4<br><br>before her medications were scheduled to be given, but since the medication were due to be given at 2 PM instead of 12 noon, it was not acceptable for the medications to be given 3 hours before their scheduled time.<br><br>On [redacted] at 2:05 PM, Staff B acknowledged that Resident #3's medication had been provided at 1:30 PM, which was 1.5 hours after the scheduled time of 12 Noon.<br><br>Class III | A 056 | | |