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
	AL11966321	A. BUILDING: _____ B. WING _____	R 02/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN WELL CARE	6333 LANGSTON AVENUE NEW PORT RICHEY, FL 34652

(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 056} SS=D	58A-5.0185(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 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	{A 056}		

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{A 056}	Continued From page 1	{A 056}		

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 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.,

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{A 056}	Continued From page 2 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 observation, record review, and interviews, the facility failed to dispense medications and follow medication orders by Health Care Providers for two Residents (#3 and #6) of two residents sampled that required assistance with self-administration of medications. Findings Included: During an observation of Resident #3, conducted on at 3:15 p. m. Resident #3 was checking her scheduled for 5:00 p. m. without assistance from Staff A, an unlicensed Medication Technician (Med Tech). Resident #3 went to Staff A and reported her result (151). Staff A proceeded to remove Resident #3's Flex Touch pen from the medication refrigerator and handed the resident her at 3:20 p. m., then the resident injected 10 units of (scheduled dose for 5:00 p. m.), the resident went to the medication storage room to give Staff A her During an interview with Staff A, conducted on at 3:25 p. m. Staff A stated that, Resident #3 always checks her at 4:00 p. m. and "I will give her then because it is due at 5:00 p. m., but today she checked her at 3:15 p. m., so I gave her the at 3:20 p. m.". The was scheduled for 5:00 p. m.	{A 056}		

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{A 056}	Continued From page 3 A review of Resident #3's Medication Observation Records and health assessment form revealed that Resident #3's orders were for Flex Touch 100 U/ml inject 10 units SQ twice daily (8 AM & 5 PM) and One Touch Delica use as directed three times daily for [illegible] testing. Resident #3 required assistance with self-administration of medications. During the medication cart audit/reconciliation, conducted on , revealed that there was a medication for Resident #6, [illegible] orders from available. The order was to use to affected area for two weeks. The medication continued on Resident #6's current Medication Observation Records for [illegible] and was being documented as given by unlicensed Medication Technicians. During an interview with the Administrator, conducted on at 6:45 p. m., the Administrator stated, it is my expectation that medication is to be given as ordered and to be given one hour before or up to one hour after the scheduled dose, it should not be given any earlier or later than scheduled. The Administrator agreed that Resident #6's [illegible] order should have been discontinued from the resident's Medication Observation Records. Class III	{A 056}		
{A 058} SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or	{A 058}		

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{A 058}	Continued From page 4 uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the	{A 058}		

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{A 058}	Continued From page 5 class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to correct Class III deficiencies related to medications as required and failed to obtain a contract with a licensed Pharmacist Consultant or Registered Nurse Consultant as previously required. Findings Included: During an attempt to review the contract or employment of a licensed Pharmacist Consultant or Registered Nurse Consultant as previously required, conducted on , revealed that the Facility did not have a contract and did not have either employed at the Facility. The facility	{A 058}		

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{A 058}	Continued From page 6 did have two visit reports from a Registered Nurse Consultant. The facility did not follow the recommendations of the first visit report and there was no information on the second visit report. During an interview with the Registered Nurse Consultant (RNC), conducted on . . . . . at 04:45pm, the RNC stated that she would not sign the contract provided by the Administrator during survey until the facility paid for the previous two visit reports. During an interview with the Administrator, conducted on , the Administrator stated that the Owner had not paid the RNC for previously rendered consultant services and agreed that the facility did not have a contract in place for a licensed Pharmacist Consultant or a Registered Nurse Consultant as required. Due to the uncorrected Class III deficiencies concerning the facility's medication practices, the facility is required to employ or contract a licensed Pharmacist or Registered Nurse Consultant. The consultant shall at a minimum, provide onsite quarterly consultation, until the inspection team from the Agency determines that such consultation services are no longer required. Class III	{A 058}		
{A 152} SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and	{A 152}		

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{A 152}	Continued From page 7 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observations, record review, and interview, the facility failed to maintain all existing mechanical and electrical systems in good working order and free of hazards for all residents in and surrounding the Facility and the Facility	{A 152}		

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{A 152}	Continued From page 8 failed to have enough toilets for resident use. Findings included: A review of the building code 434.3.5.1 for assisted living facilities, conducted on . . . . . , revealed that assisted living facilities shall have "at least one bathroom with one toilet and sink per six persons". A review of the facility's census, conducted on , revealed that the facility had a census of twenty (20) residents in-house but has the capacity for twenty-four (24) in-house residents. During an observation of resident restrooms conducted on at 09:05am, observed three bathrooms available for residents' use, which included a sink and toilet in each. A review of the local health department inspection report, conducted on . . . . . , revealed that the local health department found that in room five there was broken tile and the air vent through the all bedrooms were covered in dust and debris. The local health department found that one shower drain cover was not secure. During observations, conducted on at 12:30pm, observed that the bathroom next to the front door and the bathroom next to the laundry room had drains that were loosed and not secure. Room five had cracked floor tile. At 04:52pm, the kitchen stove was found not functioning properly and only had one of four burners that was functional. During an interview with Staff A, conducted on at 04:52pm, Staff A stated that she	{A 152}		

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{A 152}	Continued From page 9 could not show the Surveyor that the only stove in the kitchen was functioning properly because "three of the four burners don't work" and that they "stopped working about a month ago". During an interview with the Administrator, conducted on [redacted] at 04:55pm, the Administrator stated that there was no one scheduled to come and fix the kitchen stove and that a replacement had not been ordered. The Administrator was unable to provide evidence that the Facility was working to correct the broken tile in room five or the loose drain covers in two of the four bathroom showers. At 06:45pm, the Administrator stated that the bathroom that was used as an employee bathroom/office/storage room would be opened and available for resident use by next survey visit. Class III	{A 152}		
{A 200} SS=D	58A-5.036 FAC Emergency Environmental Control (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure [redacted] air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the	{A 200}		

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event of the loss of primary electrical power.
1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in Section 408.821, F.S., and subsection 58A-5.026(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained.
2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code.
3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit

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for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment.
a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F.S., must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary.
b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan.
c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage.
(b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include

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information regarding fuel source and fuel storage.
1. Facilities must store minimum amounts of fuel onsite as follows:
a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.
b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.
2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S., that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.
3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.
4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.
(c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.
(d) The acquisition and maintenance of a . . . . monoxide alarm.
(2) SUBMISSION OF THE PLAN.
(a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this

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{A 200}	Continued From page 13 rule. Assisted living facility plans previously submitted and approved pursuant to Emergency Rule 58AER17-1, F.A.C., will require resubmission only if changes are made to the plan. (b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten	{A 200}		

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{A 200}	Continued From page 14 (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than . , have implemented the plan required under this rule. (b) The Agency shall allow an extension up to . . . . . to providers in compliance with subsection (c), below, and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to Section 120.542, F.S. (c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of paragraph (1)(a), for a minimum of ninety-six (96) hours. 1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for	{A 200}		

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{A 200}	Continued From page 15	{A 200}		

an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite.
2. An assisted living facility located in an evacuation zone pursuant to Chapter 252, F.S., must either:
a. Fully and safely evacuate its residents prior to the arrival of the event, or
b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility.
(d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.
(e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction.
(f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule.
(5) POLICIES AND PROCEDURES.
(a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that

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residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including:
1. The use of cooling devices and equipment;
2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration;
3. Wellness checks by assisted living facility staff to monitor for signs of and heat injury; and,
4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.
(b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request.
(c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law.
(6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration

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{A 200}	Continued From page 17 may seek any remedy authorized by Chapter 429, Part I, F.S., or Chapter 408, Part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a), above, in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on observation, record review and	{A 200}		

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{A 200}	Continued From page 18 interview, the facility failed to have enough fuel to operate their alternate power source in the event of an emergency. Findings Included: During an observation of the fuel stored onsite to operate the Facility's emergency power source in the event of an emergency and power outage, conducted on at 02:20pm, there were three, five-gallon storage containers full of gasoline. There were no additional empty containers to obtain fuel to operate their emergency power source for the required amount of time. During an attempt to review the contract for the provision of fuel in the event of an emergency and power outage, conducted on . . . . . , the contract that was provided was from a local Gas Station and was not a contract. Rather, it was an agreement that the Facility would use "our Business, in emergency situation requiring fuel to operate supporting systems" and that the Facility "will pick fuel up using their own fuel containers" and "will provide as much advance notice as possible". The agreement had no evidence that the Gas Station would have fuel available or guarantee the delivery of fuel during an emergency situation. During an interview with the Administrator, conducted on . . . . . at 09:40am, the Administrator stated that the local Fire Marshall said that "we were only allowed up to thirty gallons of fuel stored on site". The Administrator did not provide evidence of the Fire Marshall's restriction of fuel. The Administrator stated that the Facility had "fifteen gallons and a contract with a company to provide fuel" in the event of an	{A 200}		

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{A 200}	Continued From page 19 emergency. Class III	{A 200}		
{A 000}	Initial Comments A third Revisit to 08/20/2019 Complaint Investigation (Complaint Numbers 2019008264 and 2019012291), a Complaint Investigation (Complaint Numbers 2020000274 and 2020001741), a Revisit to 01/03/2020 Biennial Survey with Limited Mental Health and a second Revisit to 10/30/2019 Complaint Investigation (Complaint Number 2019013833) were conducted at American Well Care on 02/28/2020. Deficiencies were identified at the time of survey.	{A 000}		
{A 054} SS=D	58A-5.0185(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 [illegible] the resident may have; 2. The name of the resident's health care	{A 054}		

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{A 054}	Continued From page 20 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 [redacted], 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 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to maintain Medication Observation Records (MORs) free of omissions and errors and failed to update the MORs immediately each time a medication was offered to two Residents (#3 and #6) of two sampled residents that required assistance with self-administration of medications. Findings Included: A MORs review for Resident #3, conducted on [redacted], revealed that Resident #3's prescribed medication was incorrectly noted on the resident's [redacted] MORs. The MORs stated 500mg take one tablet by [redacted] twice every day and the orders stated 1000mg take one tablet by [redacted] twice every day. A MORs review for Resident #6, conducted on [redacted], revealed that Resident #6's prescribed [redacted] 2% [redacted] was documented as given to Resident #6 twice every day [redacted] through [redacted]. Resident #6's [redacted] was ordered on	{A 054}		

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{A 054}	Continued From page 21 . . . . . for two weeks and should have been discontinued from Resident #6's MORs on . . . . Resident #6's prescribed . . . . . 10grams/15ml take 30ml by every day was on the resident's MORs as an as needed medication with no times scheduled to give the resident the medication. There was no documentation that Resident #6 received this medication on any day from . . . . . through . During an interview with the Administrator, conducted on . . . . . at 04:45pm, the Administrator agreed that Resident #3's . . . . . was incorrectly noted on the MORs. The Administrator agreed that Resident #6's , ... should have been discontinued off the MORs when the medication ended and agreed that the resident's . . . . . should have had a specific time that the medication was scheduled. Class III	{A 054}		
{A 055} SS=D	58A-5.0185(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	{A 055}		

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{A 055}	Continued From page 22 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 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 58A-5.0181, 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	{A 055}		

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{A 055}	Continued From page 23 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 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 observation and interview, the facility failed to ensure proper safe medication storage, according to the Statute or Rule in 59A - 36.008(6) for centrally stored medications.	{A 055}		

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{A 055}	Continued From page 24 Findings Included: During an observation of the medication refrigerator in the medication room with Staff A, conducted on at 05:30 p.m., revealed a plastic container with a green lid that contained yellowish-brown liquid, which appeared to be consistent with . The plastic container had a white napkin around it and was inside of a plastic bag and was next to resident's (medication) pens. There was no labeling on the plastic bag or the container of what the contents were, who it belonged to, or the date it was obtained. During an interview with Staff A, an unlicensed Medication Technician, conducted on at 5:30 p.m., Staff A agreed that the liquid in the container was and stated that, "I don't know who that was for" and "I will dispose of it right now". Staff A left the medication storage area and did not lock the door when she left the room. Staff A was unable to identify the resident that the belonged to or which laboratory test it was needed for. During an interview with the Administrator, conducted on at 6:45 p. m. The Administrator stated, my expectation is that when the staff leaves the med storage area, they are to lock the door when they are finished in the room and that should not be stored with medications. The Administrator was unable to identify the resident that the belonged to or which laboratory test it was needed for. Class III	{A 055}		