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
	AL11910406	A. BUILDING: _____ B. WING _____	C 12/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTVIEW MANOR	603 NORTH PEARL STREET CRESTVIEW, FL 32536

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A 000	Initial Comments An unannounced six month survey with specialty license extended congregate care was conducted at Crestview Manor Assisted Living Facility on [redacted]/19. At the time of survey deficiencies were identified.	A 000		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including [redacted] testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and chapter 483, part I, F.S. A valid copy of the State Clinical Laboratory License, if required, and the federal CLIA Certificate must be maintained in the facility. A state license or federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical	A 053		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 053	Continued From page 1 Laboratory License or a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the State Clinical Laboratory License and federal CLIA Certificate is available from the Laboratory Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure residents requiring "medication administration" were provided medications as ordered for 1 of 4 residents, resident # 7. The findings include: The Medication Observation Record (MOR) for resident number 7 revealed that the following medications were circled and initialed for the 5:00 AM medication observation time period on indicating that the medication technician (med tech) did not provide the medication: " ( ) 75 mg po by daily for circulation; 0.125 mg one by daily for ; ER 10mg one tab every morning for DMII; Rayaldee ER 30mcg cap one by daily for ; 10 mg one by daily; and 20 mg -two tabs by daily" The reverse side of the MOR revealed 6 entries for listed: "Out of "( ); "out of "; "out of Rayalde"; "out of	A 053		

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A 053	Continued From page 2 "; "out of "; and "out of ," indicating the reason that the med tech did not provide the medication. Medication Observation on at approximately 12:30 PM revealed that resident number 7 had a Monitoring (BGM) result of 257 resulting in the need for administration. " is a platelet inhibitor. It reduces the chance that a harmful clot will form by preventing platelets from clumping together in the ." Accessed online on https://www.mayoclinic.org/drugs-supplements/clopidogrel-oral-route/description/drg- 20063146 " belongs to the class of medicines called glycosides. It is used to improve the strength and efficiency of the , or to control the rate and rhythm of the heartbeat. This leads to better circulation and reduced of the and ankles in patients with problems." Accessed online on https://www.mayoclinic.org/drugs-supplements/digoxin-oral-route/description/drg-20072646 " belongs to a class of drugs called sulfonylureas. It stimulates the release of from the , directing your body to store . This helps lower and restore the way you use food to make energy." Accessed online on https://www.mayoclinic.org/drugs-supplements/glipizide-oral-route/description/drg-20072046 "Calcifediol (Rayaldee) is a D3 analog that is used to treat secondary in adult patients with or 4 and total	A 053		

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A 053	Continued From page 3 25- ... D levels less than 30 ... /mL." Accessed online on https://www.mayoclinic.org/drugs-supplements/... lcifediol-oral-route/description/drg-20312274 " and ... combinations (...) are used to treat the ... ... (stuffy ...), sneezing, and runny ... caused by ... and hay ... . work by preventing the effects of a substance called ..., which is produced by the body. ... can cause itching, sneezing, runny ..., and watery ..."Accessed online on https://www.mayoclinic.org/drugs-supplements/an ... - ... -combination-oral-route/ description/drg-20069883 "... ... is used to treat certain conditions where there is too much ... in the ... . It is used to treat ... and ..., erosive ..., ..., and ... ... (...). ... is a condition where the ... in the ... washes ... up into the ... ..." Accessed online on ... https://www.mayoclinic.org/drugs-supplements/o meprazole-oral-route/description/drg-20066836 An interview was conducted with the lead Medication Technician at approximately 1:00 PM on ... that reveled that when medications are not available, the medication technician leaves a note and the 6AM to 2PM medication technician will order the needed medication from the pharmacy. Staff provided the pharmacy fax sheet for ... that indicated the medication refill request was faxed on ... at 12:45 PM. Staff provided the stickit note from the 10PM-6AM staff indicating that medication was needed for resident number	A 053		

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A 053	Continued From page 4 7. Staff confirmed that the provider had not been notified that resident number 7 did not receive 6 morning medications ordered on ... Staff stated that resident number 7 had limited capacity. The lead medication technician was informed of the area of concern related to resident number 7 not receiving medications as ordered, , the platelet inhibitor to prevent clots, the medications to enhance circulation and , and the sulfonylurea medication to lower . An interview was conducted with the assisted living facility (ALF) contract pharmacist on at approximately 12:20 PM. The pharmacist stated that there is a posted procedure in the ALF medication room indicating the process to fax new and refill orders and the number for the on-call pharmacist. The pharmacist stated that there is 24 hour per day, 7 day per week, 365 day per year on-call pharmacist coverage and that the pharmacy is about 26 miles away. The pharmacist stated that medications can be sent and received quickly if the facility informs the pharmacy of the need. Otherwise, the pharmacist indicated that medications are typically delivered in the evening. The pharmacist stated that she was not aware that resident number 7 needed the oral medication. The pharmacist confirmed that medications are not supposed to be borrowed and are resident specific. The pharmacist confirmed that the fax request was received on , that the order was processed on /201 at approximately 2:31 PM, and that the medications were delivered to the facility on in the evening. An interview was conducted with the facility administrator on at approximately	A 053		

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A 053	Continued From page 5 2:00 PM. The administrator stated that she had not been notified that resident number 7 did not receive the ordered morning medications on including the platelet inhibitor, the circulation, and the sulfonylurea medications. The administrator described a recently implemented process where medication technicians are supposed to notify the administrator of any concerns related to medications such as the need for refills. The administrator stated that she would re-educate all medication technician staff regarding the medication re-ordering process. Class III	A 053		
A 152 SS=D	59A-36.014(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, 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	A 152		

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A 152	Continued From page 6 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 observation, interviews, and record review, the facility failed to ensure a safe living environment, free of hazards, by allowing an electrical outlet in a residents room to remain unfixed for a period of greater than 3 months, for 1 of 1 electrical outlets observed, resident #8. The findings include: During the resident interview on , resident number 8 stated, "...A lady took pictures before when you all came and nothing was done." Resident number 8 pointed to an uncovered electrical outlet on the wall where a small refrigerator and a space heater were plugged in. (photo evidence). An interview was conducted with the administrator on at approximately 2:15 PM. The administrator entered the resident room with the surveyor and confirmed that there	A 152		

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A 152	Continued From page 7 was an uncovered outlet in the room. The administrator confirmed that there was a ceiling light tile hanging down in the corner. The administrator was informed of the photo taken by the surveyor. The administrator stated that she was unaware of these items and assured resident number 8 that maintenance would be up that day to initiate repairs. The administrator encouraged the resident to come to her in the future for any such concerns. Resident number 8 stated that he would notify the administrator of any concerns. Class III	A 152		