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
	AL11911240	A. BUILDING: _____ B. WING _____	08/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE SENIOR LIVING AT SAINT JOSEPH	4406 N MELTON AVE TAMPA, FL 33614

(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 2020012507, 2020011815, and 2020008620) was conducted at Best Care Senior Living at Saint Joseph 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 records review and interviews, the facility failed to maintain accurate and up-to-date daily medication observation records (MORs) for 1 of 2 residents (Resident #2) who's MORs were reviewed. Findings Included: An interview with the Administrator was conducted at 11:30am on . . . . During the interview, the Administrator stated that there were 5 residents in the facility that were receiving injections to treat . . She stated that the records showed that Resident #2 was one of the residents who received injections. Resident #2's records were reviewed on . . . . Resident #2's AHCA Form 1823, dated , revealed that the resident had a diagnosis of . Progress Notes from the resident's healthcare provider dated . . . . . revealed that Resident #2 was prescribed and had been taking an product, ..., and was prescribed to take injections twice per day to treat Type 2 . . . . . The 1823 revealed that the resident required assistance with self-administration of medications. The resident's MORs for the month of . . . . . revealed a prescription for . . . . . Solution 100 unit/ML, with instructions to inject . . . . . , two times a per day per on a . . : if . . level is between 71 - 150 give 0 units, between 151 - 200 give 2 units, between 201 - 250 give 4	A 054		

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A 054	Continued From page 2 units, between 251 - 300 give 6 units, between 301 - 350 give 8 units, between 351 - 400 give 10 units and over 400 call the doctor. There was no order on the MORs to check the resident's and log in the reading in order to know what dose would be required. The resident's MORs had a symbol, shaped like a human figure, on the prescription that indicated, according to the facility's key codes, that the would be self-administered. At 2:50pm on , Staff B, a Med Tech who assisted Resident #2 with medications, stated she did not know anything about Resident #2's . She did not know if a 3rd party home health nurse came in to give it to the resident or if the resident did self-administer the . She had never seen any kept by the facility in the refrigerator where other residents' was stored. At 3:00pm on , the Administrator stated that Resident #2 was having a 3rd party nurse come in to give the injections and testing, however the Administrator was having trouble finding any records from a home health agency that gave any information about Resident #2's injections and management. At 3:35pm on , the Administrator presented a copy of an order dated from Resident #2's healthcare provider that discontinued the resident's order for . The Administrator was not able to explain why the resident's MORs for the month of still contained the order for injections twice per day and was never able to provide any further information about how the resident received it (prior to it being discontinued), or who was	A 054		

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A 054	Continued From page 3 assisting the resident with [redacted] testing, if it was still being conducted. (Photographic evidence obtained) Class III	A 054		