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
	AL11965357	A. BUILDING: _____ B. WING _____	09/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DISCOVERY VILLAGE AT BOYNTON BEACH AL	4733 NORTHWEST SEVENTH COURT BOYNTON BEACH, FL 33426

(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 Change of Ownership, Focused Control, and Emergency Generator Assessment survey was conducted on and at Discovery Village at Boynton Beach AL. The facility had a deficiency identified at the time of the survey.	A 000		
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 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	A 056		

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A 056	Continued From page 1	A 056		

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 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

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A 056	Continued From page 2 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 prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that medications are refilled in a timely manner and that a Physician/Healthcare Provider is contacted regarding any medication concerns for a resident, for 1 of 2 sampled residents (Resident # 8). The findings included: On at 9:14 AM, a random review was conducted of the medication cart with Staff E. This surveyor observed an expired medication for Resident # 8. The medication was . . . . . 40 MG tablet take 2 tablets by every day at 8:00 AM and 3:00 PM. The medication label stated it may cause , and blurred vision. The date filled on the medication showed . The medication discard date was . . . . . This surveyor observed the electronic Medication Observation Record (MOR) with Staff E. There was no expired or disposal documented regarding the medication. The medication had been administered to Resident # 8 on the following dates: , , ,	A 056		

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A 056	Continued From page 3 . . . . . Staff E stated that Resident # 8 brought this medication from home and she was . . . . . because of the expiration date. She stated that he had been giving the expired medication and she was supposed to order the new medication from the pharmacy. She stated that she did not request the new medication, but she will order it today. Staff E later provided this surveyor with a prescription order dated . Record review revealed Resident #8 transfered from the Independent living section to the Assisted Living Facility (ALF) section on . . . . . . According to the Wellness Nurse, the resident brought over all of his medications when he moved into the ALF. She stated, it is the facility policy to reconcile all of the medications brought in by a newly admitted resident. She confirmed that she was the individual that had reconciled the medications for Resident #8. However, it was revealed that at the time of the audit/reconcilation, that she had overlooked the expiration date for the medication for Resident #8. Therefore, this medication (expired) and along with all other medications (non-expired) were transfered to the medication cart to be provided to the resident at the facility. She also stated the resident was on the medication orginally for once a day, but the facility in-house Physician was contacted due to . . and the order was increased to twice a day for 5 days, in which a new prescription was received in the facility on ; after the 5 days the dosage would return to once a day. She stated, on a new prescription was received by the facility for the resident for . . . . . (40mg tab) to take 1 tablet by daily. She acknowledged that the resident had received the medication from the expired bottle for	A 056		

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A 056	Continued From page 4 approximately 5 days. During an interview with the Administrator, Exeuctive Director, and Staff E on at 1:30 PM the information was acknowledged, and no additional information was provided. Class III	A 056		