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
	AL11943123	A. BUILDING: _____ B. WING _____	R 10/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NSPIRE HEALTHCARE KENDALL	9400 SW 137TH AVENUE KENDALL, FL 33186

(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 revisit to a complaint investigation (complaint number 2019013661) was conducted at Nspire Healthcare Kendall on , through . Deficiencies were identified at the time of the survey.	{A 000}		
A 051 SS=D	59A-36.008(2) FAC Medication - Pill Organizers (2) PILL ORGANIZERS. (a) Only a resident who self-administers medications may maintain a pill organizer. (b) Unlicensed staff may not provide assistance with the contents of pill organizers. (c) A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse must manage the pill organizer in the following manner: 1. Obtain the labeled medication container from the storage area or the resident, 2. Transfer the medication from the original container into a pill organizer, labeled with the resident's name, according to the day and time increments as prescribed, 3. Return the medication container to the storage area or resident; and, 4. Document the date and time the pill organizer was filled in the resident's record. (d) If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it must be noted in the resident's record and the facility must consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are offered by the facility. The facility must contact the resident's health care provider regarding questions, concerns, or observations relating to	A 051		

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A 051	Continued From page 1 the resident's medications. Such communication must be documented in the resident's record. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to manage a pill organizer to be used only by residents who self-administer medications. Findings Included: Review of the medication observation records for Resident #2, #4, #6 and #13 showed there were no initial/signature indicating if the 7:00 AM medications were given. At 8:35 AM, Staff N stated," I already gave the residents medication . Staff N stated she provided assistance with self-administration of medications to Residents #2, #4, #6 and #13. On . . .. at 11:15 AM, Staff O stated," I speak to the Certified Nursing Assistant's (CNA) and they tell me the medications given; I check the cups to make sure it's empty and then I sign the MOR." On at 3:38 PM Staff A stated, the nurse prepares a pill organizer a week in advance and give to the CNA's. He stated the nurses verifies that the medication was given by checking the pill organizer and then signing the MOR. Record review showed Residents #2, #4,#6 and #13 required assistance with self-administration of medications and did not require a pill organizer. On at 7:15 AM, Staff O stated, "since the last time you (agency representative) visit the	A 051		

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{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 [illegible] 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.	{A 054}		

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{A 054}	Continued From page 3 (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 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to immediately update medication observation record (MOR) each time the medications is offered or administered for four out of twenty- four sampled residents (Resident #2, #4, #6, and #13). Findings Included: Review of the medication observation records for Resident #2 showed prescribed medication , 88 mcg to be administered at 7:00 AM. There was no initial/signature indicating if the medication was given on . Review of Resident 4's MOR showed prescribed medication 70 mg to be administered at 7:00 AM. There was no initial/signature indicating if the medication was given on to . Review of Resident 6's MOR showed prescribed medication , 325 mg to be administered at 7:00 AM. There was no initial indicating if the medication was given on to and from to . Review of Resident 13's MOR showed prescribed medication , 88 mcg to be administered at 7:00 AM. There was no initial/signature indicating if the medication was given on through .	{A 054}		

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A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of	A 078		

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A 078	Continued From page 5 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.	A 078		

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