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
	AL11911636	A. BUILDING: _____ B. WING _____	10/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INN AT CYPRESS VILLAGE, THE	4600 MIDDLETON PARK CIRCLE, E. JACKSONVILLE, FL 32224

(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 re-licensure survey in conjunction with an . . . . . Control Focused and complaint survey (complaint number 2020013643) was conducted at Inn at Cypress Village on . . . . . /2020. Deficiencies were identified at the time of the survey.	A 000		
A 054	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	A 054		

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A 054	Continued From page 1 physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to ensure the accuracy of medication records for Medication Observation Record (MOR) for one of seven sampled residents (Resident #7). Findings include: During an observation on at 8:32 am, Staff D, LPN, was observed providing medication to Resident #7 in the activities area by the medication cart. 12 pills were dosed into a medication cup prior the resident being called over to the cart. At this time, Resident #7's MOR showed 9 medications (, Extra Strength Tablet 500 MG, Amlodpine Besylte Tablet 5 mg, , Tablet 5 mg, , Tablet 81 mg, Tablet 40 mg, Florastor Capsule, Tablet 50 mg, , Tablet 2.5 mg, and capsule 100 mg) were marked as administered at 8:27 am on by Staff D and 3 medications(B- , Tablet, Multivital-M tablet, and D3 Tablet) were marked as administered at 8:30 a.m. on by Staff D. When the resident took each pill out of the medication cup, Staff D informed the resident the name of the medication and what its for. Resident # 7 accepted each pill one by one with water as Staff D observed each pill was taken. Once complete, Staff D thanked Resident # 7 and threw away her empty medication and water cup. During an interview on at 8:37 a.m. Staff D confirmed she did mark the electronic	A 054		

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A 054	Continued From page 2 MOR to indicate Resident # 7 took the medication before medication was actually accepted and taken by Resident # 7. Class III	A 054		
A 078	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 . . . . . . 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	A 078		

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A 078	Continued From page 3 . . . . . . (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. This Statute or Rule is not met as evidenced by: Based on document review and staff interview the facility failed to provide evidence of statement from a qualified health care provider indicating no signs or symptoms of communicable . . . . . for 1 of 3 employee files reviewed.	A 078		

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A 078	Continued From page 4 The finding Include: Review of the record for Employee C, hired . . . . . , showed no statement from a health care provider indicating freedom from communicable . . . . . . During an interview with the Administrator on at 2:30 PM she agreed that there was no documentation of freedom of communicable for Employee C. Class III	A 078		