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
	AL11969313	A. BUILDING: _____ B. WING _____	10/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKS ASSISTED LIVING AND MEMORY CAR	13470 BOYETTE RD RIVERVIEW, FL 33569

(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 Number: 2020016926) and a Revisit to 09/14/2020 Change of Ownership Survey were conducted at Creeks Assisted Living on 10/30/2020. Deficiencies were identified at the time of 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 health care provider and the signature of the staff	A 056		

AHCA Form 3020-0001

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

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A 056	Continued From page 1 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 kept in a container that bears a label containing	A 056		

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A 056	Continued From page 2 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 record review and interview, the Facility failed to provide as needed medication and daily ˘ as prescribed for one Resident (#1) of one sampled resident. Findings Included: During a telephone interview with Resident #1's Responsible Party, conducted on at 10:44am, the Responsible Party stated that the Facility did not provide Resident #1's as needed or weigh the resident every day as prescribed by Resident #1's health care provider. During an interview with Staff A, conducted on at 10:30am, Staff A stated that Resident #1 required ˘ to be taken every day and that if the ˘ was two pounds greater that the previous ˘, Resident #1 was to receive his prescribed as needed 40mg dose. Staff A stated that the ˘ were recorded daily. A record review for Resident #1, conducted on , revealed that Resident #1 had a	A 056		

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A 056	Continued From page 3 prescribed dose of 40mg by every day as needed for gain greater that two pounds ordered on . On , Resident #1 . On , Resident #1 . There was no documented evidence that Resident #1 received the as needed dose of 40mg. Resident #1's was not documented as done on , or on /2020. On , Resident #1 . On , Resident #1's . There was no documented evidence that Resident #1 received the as needed dose of 40mg. On , Resident #1 and there continued to bed no documented evidence that Resident #1 received the as needed dose of 40mg. There was no documented evidence that any of Resident #1's three healthcare providers were notified of Resident #1's elevated . During an interview with the Director of Nursing, conducted on at 03:30pm, the Director of Nursing after reviewing Resident #1's Medication Observation Record, agreed that there was no evidence that the resident received the as needed dose of 40mg when Resident #1's was greater that two pounds from the previous days . The Director of Nursing agreed that Resident #1 had no documented as done on , , and . Class III	A 056		