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
	AL11967857	A. BUILDING: _____ B. WING _____	12/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD SENIOR LIVING COMMUNITY	6280 CENTRAL AVE, STE 312 SAINT PETERSBURG, FL 33707

(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 biennial re-licensure with extended congregate care (ECC) and limited nursing services (LNS) and complaint investigation (complaints number 2020002207, 2020006763, 2020010126, 2020015048, 2020016307 and 2020016386) was conducted at Brentwood Senior Living Community on and . The facility had deficiencies at the time of the investigation.	A 000		
A 052 SS=D	429.256(. .); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an . . syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident ' s medications or dosages change. (c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications.	A 052		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 052	Continued From page 1 (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not include: (a) Mixing, converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations.	A 052		

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A 052	Continued From page 2 (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups,	A 052		

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A 052	Continued From page 3	A 052		

and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.
(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.
(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,
2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.
(f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S.
1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.

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A 052	Continued From page 4 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the Facility failed to ensure proper assistance with self-administration of medications according to the required steps in 429.256 Florida Statutes for three (Resident #8, #17, & #19) of five sampled residents that required assistance with self-administration of medication. Findings Included: In an observation conducted at 12:56p.m on [redacted], Staff F (unlicensed Medical Technician) prepared to assist with self-administer medications with Resident#19's prescribed [redacted] 100 milligram (mg) cap. Staff F did not compare the medication label to the physician's medication order in the Medication Observation Record (MOR). Staff F did not pop the medication out of the pill pack in front of the resident, who was working with a [redacted] department representative in the hallway. At 1:13p.m. Staff F assisted resident#8 into the memory care unit restroom to change their [redacted] bag. Staff F applied a prescription powder to the skin outside of where the [redacted] bag was adhered to the skin and did not tell the resident what medication	A 052		

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A 052	Continued From page 5 she was applying. Staff F did not wash her or use sanitizer after touching the resident's , bag before going to the medication cart to get a prescribed Ensure supplement for Resident#8 and she failed to wash her before handling and administering the supplement in a plastic cup to give to the resident. During an interview with the Director of Health and Wellness conducted on 11/23/2020 at 2:57p.m., she stated that it was her expectation that the unlicensed medical technicians and licensed nurses compare medication labels to MOR before giving a prescribed medication. She stated all staff should wash their or use sanitizer after each resident during medication pass. She said that she was aware of the medication pass training issues and had decided to have every staff member that passes medications attend mandatory training in-services to be provided in of 2020. In an observation and interview of Resident#17 on at 12:25p.m., while entering the room to conduct a resident interview, medications were found unattended in a clear pill cup on the table in the resident's room. The resident was on a couch on the other side of the room and there were no staff present. The resident stated that it was common for the staff to leave the medication and not stay to make sure that they are taken. In an interview with Staff G (unlicensed Medication Technician) on at 12:57p.m., she stated that she leaves prescribed medications in the resident's rooms if they are not ready to take them or are still in bed during medication pass.	A 052		

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A 052	Continued From page 6 In an interview with the Director of Health and Wellness on at 3:25 p.m. she confirmed that medication technicians or nurses passing medications are to stay with the resident when they are taking their medications. She said medications are not to be left in the room and that she would be [illegible] this with Staff G. She confirmed the staff performing medication passes are all to have re-training on medication assistance and that she would be putting a training focus on this area going forward. (Photographic evidence obtained) Class III	A 052		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if	A 055		

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A 055	Continued From page 7 kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from	A 055		

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A 055	Continued From page 8	A 055		

medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.
(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).
(f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation, interview, and record review, the Facility failed to keep centrally stored medication in a locked cabinet or cart, secured at all times, for 6 (#1, #8, #17, #18, #19, and #20) of 6 sampled residents requiring assistance with self-administration or medication administration.

Findings Included:

In an observation prior to medication pass for the memory care wing on at 12:40pm, Staff F (unlicensed medication technician) unlocked the medication cart and left it unlocked

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A 055	Continued From page 9 as she left to store an electrical cord in another room. She was out of eyesight of the unlocked medication cart as 2 memory care residents walked nearby. During an observation of medication pass on [illegible] on the memory care wing, Staff F walked away from the unlocked medication cart at 12:57pm to give prescribed medication to Resident #19. At 1:05pm, Staff F left the medication cart unlocked and unattended in the hallway while she went into Resident #20's room to assist with the resident's medications. In an interview with the director of health and wellness, on [illegible] at 2:57pm, she stated that it is her expectation that the medication carts remain locked at all times when unattended. During an observation and interview with Resident #1 on [illegible] at 10:10am, the resident had prescription [illegible] sitting on the top of the counter by the sink in the resident's room. There was no staff in or near the room at the time. The resident also had a prescription bottle of a [illegible] reliever medication, [illegible] 5-325 milligrams (mg) hidden in a clothing pocket on the resident's person. Resident #1 stated that due to debilitating [illegible], he would take the [illegible] prescription [illegible] medications when he decided he needed them. A review of Resident #1's medical record on [illegible] revealed the resident was not able to self-administer medications. In an interview with the Resident Care Coordinator, on [illegible] at 11:15am, she stated that she was unaware of how long the	A 055		

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A 055	Continued From page 10 prescription [redacted] and [redacted] were being kept in resident #1's room. She stated that it is the responsibility of the facility to keep all residents' medications stored centrally in a locked cabinet unless the resident(s) have been cleared to self-administrator medications. (Photographic evidence obtained) Class III	A 055		
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	A 056		

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A 056	Continued From page 11	A 056		

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 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

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A 056	Continued From page 12 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 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 ensure medications were refilled and labeled with clear instructions for administration for 1 (Resident #1) of 5 residents sampled who receive medication administration. Findings Included: A review of the medication observation record (MOR)/physician orders, for . conducted on . for Resident #1 revealed an active physician order for , 2.5% cream, apply twice daily as needed to area. A reconciliation of resident #1's medications the facility had in house, as compared to the MOR/orders was conducted on at 12:40 p.m. with Staff G, revealed there was no prescribed , 2.5% cream in the medication cart.	A 056		

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(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 056	Continued From page 13 In an interview with Staff G on at 12:55p.m. she was unable to explain why the prescribed cream was not in the medication cart for Resident #1. Resident #1's MOR/physician orders for , also revealed physician orders for the medications 20 milligrams (mg) 1 tablet by every other day and 50mg 1 tablet by at bedtime for . A reconciliation of Resident #1's medications on the medication cart conducted on at 12:40pm revealed the label on the pill bottle for 20mg tablets read to take 1 tablet by every day. There was no sticker on the prescription label for 20mg tablets indicating the order had been changed and to refer to the MOR. The label on the pill bottle for 50mg tablets read to take 1 tablet by every day at bedtime as needed and there was no sticker on the prescription label indicating that the order had changed and to refer to the MOR. An interview conducted on at 11:15 a.m. with the Resident Care Coordinator revealed that they had medication refill delays in the past with a pharmacy so they had switched to another pharmacy. She stated that their protocol is for all staff assisting residents with medications is to notify them if medication have only days of medication left, so they can get a reorder for the medication from the pharmacy. She stated that medications should never run out. In an interview conducted with the Director of Health and Wellness, on at 2:57p.m., she stated it was her expectation that all	A 056		

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	AL11967857	A. BUILDING: _____ B. WING _____	12/08/2020

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A 056	Continued From page 14 medication labels would be verified when received from the pharmacy and that medication administration directions would be clear or they would request clarification if not clear. An interview conducted with the Resident Care Coordinator on . . . . . at 2:00 p.m. revealed that the nurses are to check the medication labels against the physician orders, when the prescriptions arrive at the facility, to ensure the dosage, route and direction match. She said the orders, medication observation record and medication label should all match. (Photographic evidence obtained) Class III	A 056		
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	A 078		

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A 078	Continued From page 15 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 . (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.	A 078		

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A 078	Continued From page 16 (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 record review and interview, the facility failed to ensure 1 of 4 (Staff A) employees whose records were reviewed included written documentation from a health care provider stating that she was free from communicable within 6 months prior to hire or within 30 days of hire, in addition the facility failed to ensure 2 of 4 (A and B) employees whose records were reviewed included written documentation of an annual negative examination ( ). Findings included: A record review conducted on 11/23/20 for Staff A, with a date of hire of revealed that Staff A's record did not include written documentation of an annual negative examination ( ). The last exam was done on . In addition, Staff A's record did not include written documentation from a health care provider stating that they are free from communicable within 6 months prior to hire or within 30 days of hire. A record review conducted on 11/23/2020 for Staff B, with a date of hire of revealed that Staff B's record did not include written documentation of an annual negative examination ( ). The last exam was done on . During an interview conducted on at 3:15 pm, the Administrator confirmed the lack of written documentation of an annual negative	A 078		

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A 078	Continued From page 17 . . . . . examination ( ) for Staff A and B and the lack of written documentation from a health care provider stating that they are free from communicable within 6 months prior to hire or within 30 days of hire for Staff A. Class III	A 078		
AE208 SS=D	59A-36.021(8) FAC 429.07 (3)(b)3, FS ECC - Records 59A-36.021(8) RECORDS. (8) RECORDS. In addition to the records required in rule 59A-36.015, F.A.C., a facility providing extended congregate care services must maintain the following: (a) The service plans for each resident receiving extended congregate care services; (b) The nursing progress notes for each resident receiving nursing services; (c) Nursing assessments; and, (d) The facility's extended congregate care policies and procedures. 429.07 (3)(b), FS 3. A facility that is licensed to provide extended congregate care services shall maintain a written progress report on each person who receives such nursing services from the facility's staff which describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that records for residents receiving extended congregate care (ECC) services were kept up to date or that they were	AE208		

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AE208	Continued From page 18 completed, as required, for 14 of 14 residents who were listed on the ECC log. Findings Included: A review of Resident #8's medical record was conducted on . . . . . The record revealed that the resident was receiving ECC services from the facility, as listed on the ECC log. The most recent 1823 assessment on record for resident #8 was dated . . . . . The ECC resident did not have an annual update of the 1823 assessment, required for ECC residents, which was due 5 months prior to the review. A review of Resident #9's medical record was conducted on . . . . . The record revealed that the resident was receiving ECC services from the facility, as listed on the ECC log. The most recent 1823 assessment on record for resident #9 was dated . . . . . The ECC resident did not have an annual update of the 1823 assessment, which was due close to 1 month prior to the review. On , a review of the ECC binder containing the ECC residents' required records and documentation revealed that some, but not all, of the ECC residents had their services plans in place and/or updated on a quarterly basis as required, and some of the ECC residents did not have the required monthly nursing assessments documented that they were performed on a monthly basis. An interview was conducted with the resident services director at 2:15pm. The resident services director in a registered nurse and is the qualified nurse for the ECC program at the facility. She stated that she recently came into	AE208		

Agency for Health Care Administration

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AE208	Continued From page 19 the position of being the ECC supervisor and was about who should be receiving ECC services and how to go about record keeping but that she would find out what to do so the ECC records would be in compliance with state regulations. Class III	AE208		