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
	AL11966265	A. BUILDING: _____ B. WING _____	R 01/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUENA VISTA HEALTH CARE II, CORP	7968 W 14 COURT HIALEAH, FL 33014

(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 Survey was conducted at Buena Vista Healthcare II Corp on [redacted], 19, 2021. Deficiencies were identified at the time of the survey.	{A 000}		
{A 052} SS=D	429.256(3-5); 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 [redacted] syringe that is prefilled with the proper dosage by a pharmacist and an [redacted], 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 [redacted]. (d) Applying [redacted], medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this	{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	{A 052}		

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.
(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

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{A 052}	Continued From page 2	{A 052}		

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, and spoons. Trained staff may also return unused doses to the medication container. Medication,

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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.
2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean

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{A 052}	Continued From page 4 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 interview and record review, the facility failed to ensure that residents received the assistance with self-administration of medications within one hour of the scheduled time for two out of 5 sampled residents (Resident #4 and #5). Findings included: A review of Resident #4's MOR revealed an order for 25 MG to be given out three times a day, at 8AM, 12:30PM, and 7PM and , 50MG to be given out two times a day at 8AM and 12:30PM. Observation revealed that 25MG and , 50MG were still in the packet for the 12:30PM dosage. Resident #4's MOR revealed , 50MG and 25MG were not signed as given to the resident on at 12:30PM and 7PM. During an interview on at 8:22AM, the administrator stated that "Resident #4 refused to take , 50MG and 25MG at 12:30PM on . The resident's piggyback off of each other, so when they see one resident refuse their medication, they do the same thing. I did not write down her refusal." A review of Resident #5's MOR revealed an order	{A 052}		

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{A 052}	Continued From page 5 for . . . . 10MG to be given out three times a day, at 8AM, 12:30PM, and 7PM. Observation revealed that , 10MG was still in the packet for the 12:30PM dosage. Resident #5's MOR revealed , 10MG was not signed as given to the resident on at 12:30PM. During an interview on at 8:20AM, the administrator stated that "Resident #5 refused to take , 10MG the previous day, I was supposed to write down that she refused." Uncorrected Class III	{A 052}		
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 the resident may have; 2. The name of the resident's health care	A 054		

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A 054	Continued From page 6 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 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 ensure that the Medication Observation Records (MOR) were updated for four out of five sampled residents (Residents #2, #3, #4, and #5). Findings included: During an interview on . . . . at 8:12AM, the administrator stated he was the only person assisting with self-administration of medication the previous day, . A review of Resident #2's MOR revealed an order for Megestrol Acet 40mg/ml to be given out orally two times a day, at 8AM and 7:00PM. Further review of Resident #2's MOR revealed an order of 100MG tablet and , 0.25MG tablet to be given one time a day, at 7PM. The MOR was not signed by staff to show that the medications were given or that the resident refused the medication. Further review of Resident #2's MOR revealed Megestrol Acet 40/mg/ml, . . . 100MG tablet, and , . . 0.25 MG tablet were not signed	A 054		

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A 054	Continued From page 7 as given to the resident on at 7PM. During an interview on at 8AM, Resident #2's daughter stated "This medication just finished on . I usually have the medication delivered; this medication was requiring additional authorization from the doctor. I am picking it up today and will bring it to the facility." During an interview on at 8:15AM, the administrator stated that Resident #2's prescription for , 0.25MG finished on . A review of Resident #3's MOR revealed an order for , 500 MG and 300 MG to be given out two times a day, at 8AM and 7PM, and , 50 MG to be given one time a day at 7PM. Further review of Resident #3's MOR revealed , 500 MG, 300 MG, and , 50 MG were not signed as given to the resident on at 7PM. During an interview on at 8:24AM, the administrator acknowledged that all of the medications were not signed as given to Resident #3. The administrator further stated that " , 500 MG was discontinued the previous day, ." A review of Resident #4's MOR revealed an order for 10 MG to be given out two times a day, at 8AM and 7PM. There was an order for 25 MG to be given out three times a day, at 8AM, 12:30PM, and 7PM and , 50MG to be given out two times a day at 8AM and 12:30PM. Resident #4 had an order for	A 054		

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A 054	Continued From page 8 ..... 30 MG, ... 100 MG, and ..... 5MG to be given out one time a day, at 7PM. Further review of Resident #4's MOR revealed 10MG, 30MG, 100MG, and ..... 5MG were not signed as given to the resident on at 7PM. Observation revealed that 25MG and ..... 50MG were still in the packet for the 12:30PM dosage. Resident #4's MOR revealed ..... 50MG and ..... 25MG were not signed as given to the resident on ..... at 12:30PM and 7PM. During an interview on ..... at 8:22AM, the administrator acknowledged that all of the medication for Resident #4 was not signed as given. The administrator further stated that "Resident #4 refused to take ..... 50MG and 25MG at 12:30PM on ..... The resident's piggyback off of each other, so when they see one resident refuse their medication, they do the same thing. I did not write down her refusal." A review of Resident #5's MOR revealed an order for ..... 200MG to be given out two times a day, at 8AM and 7PM. There was an order for ..... 10MG to be given out three times a day, at 8AM, 12:30PM, and 7PM. Resident #4 had an order for ..... 200 MG and 40 MG to be given out one time a day, at 7PM. Further review of Resident #5's MOR revealed 200 MG, 10MG, 200 MG, and 40MG were not signed as given to the resident on at 7PM.	A 054		

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A 054	Continued From page 9 Observation revealed that , 10MG was still in the packet for the 12:30PM dosage. Resident #5's MOR revealed , 10MG was not signed as given to the resident on at 12:30PM. During an interview on at 8:20AM, the administrator acknowledged that all of the medication for Resident #5 was not signed as given. The administrator further stated that "Resident #5 refused to take , 10MG the previous day, I was supposed to write down that she refused." Class III	A 054		
A 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.	A 058		

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A 058	Continued From page 10 (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper	A 058		

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A 058	Continued From page 11 medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to correct deficiencies regarding medicinal drugs. the facility is required to employ the consultant services of a licensed pharmacist or registered nurse to provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. The facility is further required to submit a corrective action plan for these deficiencies within 48 hours. Findings: Observations, record review and interview on revealed that the facility was cited for deficiencies in the are of Assistance with Self-Administration of Medication. Observations, interview and record review on revealed that the facility was cited for deficiencies in the are of Assistance with Self-Administration of Medication. Class III	A 058		