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
	AL11967240	A. BUILDING: _____ B. WING _____	R 03/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORIA'S ASSISTED LIVING FACILITY II	613 FOREST HILLS BRANDON, FL 33510

(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 second revisit to re-licensure biennial survey and complaint investigation (complaint number: 2020016479) and a COVID-19 focused control visit were conducted at Torias Assisted Living Facility II on . Deficiencies were identified at the time of 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	A 051		

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A 051	Continued From page 1 the resident's health care provider regarding questions, concerns, or observations relating to 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 observation, interview, and record review, the Facility failed to ensure only licensed nurses managed pill organizers for one Resident (#6) of one sampled resident. Findings Included: During an observation of Resident #6's medications, conducted on at 07:00am, Resident #6's medications were dosed out for the week in a pill organizer. During an interview with Staff B, conducted on at 07:00am, Staff B stated that she helps Resident #6 with her medications. During an attempt to review Resident #6's Medication Observation Records, conducted on , there were no Medication Observation Records provided to review for Resident #6. During an attempt to review the type of assistance that Resident #6 required for medication administration, conducted on , there were no orders or health assessment form that stated the type of assistance that Resident #6 required for medication administration to review for Resident #6. Resident #6 was admitted on . During an interview with the Director of Operations, conducted on at 11:04am, the Director of Operations stated that	A 051		

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A 051	Continued From page 2 the employed unlicensed Medication Technicians set up Resident #6's pill organizer and that the pill organizer was not managed by a licensed nurse. Class III	A 051		
{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. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives	{A 052}		

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{A 052}	Continued From page 3 assistance with self-administration under this section. (g) Assisting with the use of a [illegible], including removing the cap of a [illegible], opening the unit dose of [illegible] solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the [illegible]. (h) Using a [illegible] to perform [illegible] level checks. (i) Assisting with putting on and taking off [illegible] stockings. (j) Assisting with applying and removing an [illegible] but not with titrating the prescribed [illegible] 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 [illegible] bags. (4) Assistance with self-administration does not include: (a) Mixing, [illegible], converting, or [illegible] 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 [illegible] of the body. (d) Administration of [illegible] preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [illegible], or [illegible] preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed,"	{A 052}		

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{A 052}	Continued From page 4 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 [illegible] 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	{A 052}		

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{A 052}	Continued From page 5	{A 052}		

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.
2. As used in section 429.256(4)(h), F.S., the

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{A 052}	Continued From page 6 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, record review, 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 six Residents (#1, #2, #3, #4, #5, and #6) of six sampled residents. Findings Included: During an observation of the medication closet, conducted on at 06:55am, medications were pre-prepped in cups for Residents #1, #2, #3, #4, and #5 and in a pill organizer for Resident #6. At 07:00am, Staff B, an unlicensed Medication Technician, carried the cups with the loose pills in them one by one to the residents. Staff B did not have the pill cards or bottles with her and was unable to read the name and dose of each medication to each of the residents. (photographic evidence obtained) During an interview with Staff B, conducted on at 07:00am, Staff B stated that she was taught to take the pill pack to the resident and read the name and dose to the resident and then pop the pill from the pill card. Record reviews for Residents #1, #2, #3, #4, and #5, conducted on , revealed that	{A 052}		

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{A 052}	Continued From page 7 Residents #1, #2, #3, #4, and #5 required assistance with self-administration of medications. During an interview with the Director of Operations, conducted on at 09:00am, the Director of Operations agreed that the standard of practice for medication pass to pop pills from the pill cards in front of the resident and read the name and dose of each medication to the resident. 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 [redacted] 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	{A 054}		

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{A 054}	Continued From page 8 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 observation, record review, and interview, the Facility failed to have Medication Observation Records (MORs) available to immediately update each time medications were offered to one Resident (#6) of six sampled residents. Findings Included: During an observation of the medication pass with Staff B for Resident #6, conducted on . . . . . at 07:00am, Staff B did not update Resident #6's MORs immediately after giving Resident #6 her prescribed medications. A record review for Resident #6, conducted on , revealed that there were no MORs to review. Resident #6 was admitted on . . . . . . During an interview with the Director of Operations, conducted on at 11:04am, the Director of Operations agreed that Resident #6 did not have MORs. Class III	{A 054}		
{A 058} SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies	{A 058}		

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{A 058}	Continued From page 9 429.42 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. (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.	{A 058}		

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{A 058}	Continued From page 10 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 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 observation, record review and interview, the Facility failed to obtain service through a licensed Pharmacist or Registered Nurse Consultant as previously required and failed to ensure all medication deficiency were corrected as required. (Cross Reference: A0051, A0052, and A0054) Findings Included: During an interview with the Director of Operations, conducted on at 08:45am, the Director of Operations stated that the Facility did not employ or contract with a	{A 058}		

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{A 058}	Continued From page 11 licensed Pharmacist or Registered Nurse Consultant as previously required. Due to the uncorrected Class III deficiencies concerning the facility's medication practices, the Facility shall be required to employ or contract with the consultation services of a licensed pharmacist or a Registered Nurse Consultant. 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. This written statement serves as notification of the above stated requirement. Class III	{A 058}		
{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	{A 078}		

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{A 078}	Continued From page 12 . . . . . 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 . . . . . . (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	{A 078}		

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{A 078}	Continued From page 13 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 record review and interview, the Facility failed to obtain evidence that employees were free from signs and symptoms of ( ) annually and failed to obtain a one-time statement that employees were free from communicable from a health care provider for three employees (Director of Operations and Staff C and E) of six sampled employees. Findings Included: A record review for the Director of Operations, conducted on , revealed that the Director of Operations did not have evidence from a health care provider that the employee was free from signs and symptoms of annually as required. The Director of Operations did not have a one-time statement from a health care provider that the employee was free from communicable as required. The Director of Operations was hired on . A record review for Staff C, conducted on , revealed that Staff C did not have evidence from a health care provider that the employee was free from signs and symptoms of annually as required. The most recent evidence that the employee was free from signs and symptoms of was dated . Staff C was hired on .	{A 078}		

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	AL11967240	A. BUILDING: _____ B. WING _____	R 03/17/2021

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{A 078}	Continued From page 14 A record review for Staff E, conducted on , revealed that Staff E did not have evidence from a health care provider that the employee was free from signs and symptoms of annually as required. The most recent evidence that the employee was free from signs and symptoms of was dated . Staff E did not have a one-time statement from a health care provider that the employee was free from communicable as required. Staff E was hired on . During an interview with the Director of Operations, conducted on at 10:15am, the Director of Operations agreed that herself and Staff C and E did not have evidence from a health care provider that the employees were free from signs and symptoms of annually as required in their employee records. The Director of Operations agreed that herself and Staff E did not have a one-time statement that the employees were free from communicable from a health care provider. Class III	{A 078}		
{A 082} SS=D	59A-36.011(4) FAC Training - / (4) . / . (. / .). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be	{A 082}		

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{A 082}	Continued From page 15 maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to ensure that employees had the required one-time education course on / , (/) training for five employees (Director of Operations and Staff A, C, D, and E) of six sampled employees within thirty-days of employment. Findings Included: A record review for the Director of Operations, conducted on , revealed that the Director of Operations did not have evidence of the required / training within thirty days of employment. Staff A was hired on . A record review for Staff A, conducted on , revealed that Staff A did not have evidence of the required / training within thirty days of employment. Staff A was hired on . A record review for Staff C, conducted on , revealed that Staff C did not have evidence of the required / training within thirty days of employment. Staff C was hired on . A record review for Staff D, conducted on , revealed that Staff D did not have evidence of the required / training within thirty days of employment. Staff D was hired on . A record review for Staff E, conducted on	{A 082}		

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{A 082}	Continued From page 16 . . . . . , revealed that Staff E did not have evidence of the required / training within thirty days of employment. Staff E was hired on . . During an interview with the Director of Operations, conducted on . . . . . at 09:40am, the Director of Operations agreed that herself and Staff A, C, D, and E did not have evidence in their employee records that the employees attended a one-time education course on / within thirty days of employment as required. Class III	{A 082}		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. . . , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance . . , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C.	A 162		

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A 162	Continued From page 17 (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property	A 162		

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A 162	Continued From page 18	A 162		

disbursed as required in section 429.27, F.S.
(l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.
(m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C.
(o) The resident's , DH Form 1896, if applicable.
(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility:
1. A log listing the names of residents participating in this arrangement,
2. The resident demographic data required in this paragraph,
3. The health assessment described in rule 59A-36.006, F.A.C.,
4. The resident's contract described in rule 59A-36.018, F.A.C.; and,

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A 162	Continued From page 19 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to maintain a resident record with all required data for one Resident (#6) of one sampled newly admitted resident. Finding Included: During an attempt to review Resident #6's record, conducted on , revealed that Resident #6 did not have a record to review. There was no contract, demographic data sheet, or a list of services provided to Resident #6 to review. There were no medication orders or consent for unlicensed Medications Technicians to assist Resident #6 with medications to review. There were no diet orders, or a initiated upon Resident #6's admission to review. Resident #6 was admitted on .	A 162		

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A 162	Continued From page 20 During and interview with the Director of Operations, conducted on , the Director of Operations agreed that Resident #6 did not have a resident record to review. Class III	A 162		