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
	AL11965183	A. BUILDING: _____ B. WING _____	03/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGAL PALMS	300 LAKE AVE N.E LARGO, FL 33771

(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: 2021002093), a limited nursing services monitoring, a COVID-19 focused control visit, and a generator monitoring were conducted at Regal Palms on . 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	A 056		

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A 056	Continued From page 1	A 056		

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 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

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A 056	Continued From page 2 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 provide prescribed medications (meds) as ordered from residents' health care providers and failed to notify the residents' health care providers that residents did not receive their medications as prescribed for two Residents (#4 and #5) of two sampled residents. Finding Included: A record review for Resident #4, conducted on , revealed Resident #4's Medication Observation Records (MORs) had the prescribed 30milligrams (mg) circled as not given on at 09:00pm. The documented reason that the med was not given was that Resident #4's spouse told staff to hold the med. There was no evidence that Resident #4's health care provider was notified that Resident #4 did not receive the prescribed med. Resident #4's ordered reading was not documented as obtained on at 09:00am. There was no documented reason that the	A 056		

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A 056	Continued From page 3 reading was not obtained. Resident #4 had an order to monitor for , , and on each shift and to apply prescribed if needed and specifically stated to documented both on the MORs and in the nurse's notes. There was no documentation that the monitoring was performed on , , , , and on the second shift from 02:00pm through 10:00pm or on , , and on the third shift from 10:00pm through 06:00am. Resident #4 was scheduled for weekly and there was no documentation that were obtained on and . Unlicensed Medication Technicians signed Resident #4's medications as given. Staff A signed meds as given on , and . Staff E signed meds as given on and . According to Resident #4's health assessment form dated , the resident required med administration. A record review for Resident #5, conducted on , revealed that Resident #5's MORs had the prescribed med Sevelamer 800mg circled as not given on , , and at 12:00pm. The documented reason that the med was not given was that Resident #5 was out of building, absent, and at . Resident #5's prescribed 100 unit/ml per was circled as not given on at 12:00pm because the resident was at ; on and at 04:00pm because the resident was asleep and refused; and, on at 07:30am because the resident was out of building. There was no evidence that Resident #5's health care provider was notified	A 056		

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A 056	Continued From page 4 that Resident #5 did not receive the prescribed med and . There were no orders found to hold the medications. According to Resident #5's health assessment form dated , the resident required assistance with self-administration of meds. During an interview with the Director of Nursing, conducted on at 04:53pm, the Director of Nursing was unable to provide evidence that Resident #4 and #5's health care providers were notified that they did not receive their prescribed meds and stated that she did not know the reason meds, , readings, and were not documented on Resident #4's MORs. Class III	A 056		