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
	AL11965335	A. BUILDING: _____ B. WING _____	03/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PALMER RANCH	5111 PALMER RANCH PARKWAY SARASOTA, FL 34238

(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 An unannounced relicensure, focused control and emergency power plan monitoring survey was conducted on through at Brookdale Palmer Ranch, an assisted living facility in Sarasota, Florida The following is a description of the deficiencies.	A 000		
A 052	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	A 052		

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A 052	Continued From page 1 storage. (f) Keeping a record of when a resident receives 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	A 052		

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A 052	Continued From page 2 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 [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 3	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 4 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 staff interview, the facility failed to properly assist with self-administration of medication for 2 (Resident's #9 and #12) of 4 residents observed being assisted with self administration of medications. The findings included: 1. On . . . . . at 9:02 a.m., Medication Technician (med tech) Staff A was observed assisting Resident #9 with self administration of medications. Resident #9's Medication Observation Record (MOR) indicated she takes 10 different medications at 8:00 a.m. Staff A positioned the medication (med) cart in the hall outside Resident #9's room. She pulled out Resident #9's medications, popped the pills into a cup and then put the medications in the med cart. She then walked into Resident #9's room, placed the cup on Resident #9's tray and said, "Here you go, I got your favorites." She did not tell Resident #9 what medications were in the cup. Resident #9 asked if her . . . . . was in the cup and Staff A said it was in the cup and it was a circle. Staff A then went . . . to the med cart, pulled the card for the and showed the resident what the pill looked like.	A 052		

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A 052	Continued From page 5 Record review of Resident #9's MOR showed she was scheduled at 8:00 a.m. to receive two .. D-3 tablets and two .. tablets. Staff A had only taken out one of each for Resident #9. When asked about this she agreed she had only taken out one of each tablet and said it was because she was nervous. 2. On ..... 8: 45 a.m., Staff A (med tech) was observed assisting Resident #12 with self administration of medications. Resident #12's MOR indicated she is scheduled to receive 9 pills in the morning. Staff A positioned the med cart in the hall outside of Resident #12's room. She pulled out Resident #12's medications, popped the pills into a cup and then put the meds in the med cart. She then walked into Resident #12's room, handed the cup to the resident and said "all your meds are there except .. D 3." She did not tell Resident #12 what medications were in the cup. On ..... at 9:16 a.m., Staff A said she took her med tech training at the facility. She said she was taught to tell residents what they are getting. 3. On ..... at 10:05 a.m., the Health and Wellness Director (HWD) said med tech training was done at the facility by one of the nurses. The HWD agreed the process should include making sure the right dose is given and telling the residents what the medications are. Class III	A 052		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS.	A 056		

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A 056	Continued From page 6 (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 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	A 056		

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A 056	Continued From page 7 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 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	A 056		

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A 056	Continued From page 8 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 observation, record review and staff interview, the facility failed to ensure that prescriptions for residents who receive assistance with self-administration of medication were refilled in a timely manner for 2 (Residents #12 and #13) of 4 residents observed being assisted with self-administration of medications. The findings included: Review of the facility policy titled Medications & Treatments - Availability CS-40-3, effective date , revised ; indicated it is the facility's policy that all currently ordered medications will be available to the resident. Further listed under bullet #1 the policy indicated "The Community" is responsible for obtaining newly ordered medication or refills for medications and treatment orders, unless otherwise agreed upon. 1. On at 8: 45 a.m., Medication Technician (med tech) Staff A was observed assisting Resident #12 with medications. Staff A told Resident #12 she had all of her medications except D3 (supplement). Staff A then explained the D3 was not available on the medication (med) cart. Record review of Resident #12's Medication Observation Record (MOR) for revealed she was prescribed D3 to be given daily. The MOR indicated D3 had not been given on , 8, 9, 11, 12, 15, 16, 22, and 23 with a reason code that indicated	A 056		

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A 056	Continued From page 9 Pharmacy Action Required. 2. On at 8:52 a.m., Staff A (med tech) was observed assisting Resident #13 with medications. Staff A told Resident #13 she did not have his or , ( ) as they were not available on the med cart. Record review of Resident #13's MOR for revealed he was prescribed a and , to be given daily. The MOR indicated the had not been given on , 8, 9, 10, 11, 12, 14, 15, 16, 17, and 23. The MOR indicated the , had not been given on , 4, 5, 7, 8, 9, 10, 11, 14, 15, 16, 17, 18, and 23. Both the and , were marked as not given with a reason code that indicated pharmacy action required. 3. On at 9:54 a.m., the Health and Wellness Director (HWD) said the pharmacy comes once a month usually around the 3rd to match the medications up with the order. She said the pharmacy sends a 30 day supply. The HWD said around the 3rd or 4th week of the month she will check if the orders are still active and then lets the pharmacy know whether to send it or if it has been discontinued. The HWD said if the meds are not there, the med techs are supposed to notify the nurse that they are not there. She said she had not been aware the medications were not on . 4. On at 10:05 a.m., the HWD checked the carts for the missing medications for Resident #12 and #13. She verified the medications were not on and said she would follow up with pharmacy.	A 056		

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A 056	Continued From page 10 Class III	A 056		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1)Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice	A 081		

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A 081	Continued From page 11	A 081		

orientation prior to interacting with residents.
(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.
(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:
1. Resident's rights; and,
2. The facility's license type and services offered by the facility.
(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:
(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible] may be used to meet this requirement.
(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting adverse incidents.
2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who

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A 081	Continued From page 12	A 081		

have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training.
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.
(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.
1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.
2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

This Statute or Rule is not met as evidenced by:
Based on record review and staff interview, the

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A 081	Continued From page 13 facility failed to ensure that staff who provide direct care to residents receive in-service required by Florida Administrative code within 30 days of employment for 1 (Staff B) of 3 staff files reviewed. The findings included: On . . . . . a record review of Staff B's employee file revealed a hire date of as a direct care worker. Staff B's employee file contained no documentation of having completed the required pre-service orientation or in-service training in Control, Activities of Daily Living and Behavioral Needs training, Elopement response training, Reporting Major Incidents/Adverse Incidents/Facility Emergency Procedures, Incident Report training, and Nutritional and Safe food handling. On . . . . . at 8:28 a.m., the Executive Director said the facility was unable to access Staff B's training files on the computer. She said they were trying to reach Staff B to have her print off her trainings as they did not have access to do it. Class III	A 081		
A 082	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	A 082		

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	AL11965335	A. BUILDING: _____ B. WING _____	03/23/2021

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A 082	Continued From page 14 obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that all facility employees complete a one-time education course on / / within 30 days of employment for 1 (Staff B) of 3 staff files reviewed. The findings included: On a record review of Staff B's employee file revealed a hire date of as a direct care worker. Staff B's employee file contained no documentation of having completed an in-service training in / . On 8:28 a.m., the Executive Director said the facility was unable to access Staff B's training files on the computer. She said they were trying to reach Staff B to have her print off her trainings as they did not have access to do it. Class III	A 082		
A 090	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and	A 090		

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A 090	Continued From page 15 procedures regarding . . . . . . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that all direct care staff receive at least 1 hour of training in the facility's policy and procedures regarding . . . . . ( ) within 30 days of employment for 1 (Staff B) of 3 staff files reviewed. The findings included: On a record review of Staff B's employee file revealed a hire date of . . . . as a direct care worker. Staff B's employee file contained no documentation of having completed an in-service training in . On 8:28 a.m., the Executive Director said the facility was unable to access Staff B's training files on the computer. She said they were trying to reach Staff B to have her print off her trainings as they did not have access to do it. Class III	A 090		
A 162	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:	A 162		

Agency for Health Care Administration

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A 162	Continued From page 16 (a) Resident demographic data as follows: 1. Name, 2. [illegible], 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 [illegible], 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. (c) Any orders for medications, nursing services, therapeutic diets, [illegible], 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 [illegible] 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 [illegible] 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	A 162		

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A 162	Continued From page 17	A 162		

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 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

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A 162	Continued From page 18 a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's [redacted], 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, 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:	A 162		

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A 162	Continued From page 19 Based on record review and staff interview, the facility failed to ensure all required documents are found in the resident record for (Residents #12) of 2 resident records reviewed. The findings included: On a review of Resident #12's record revealed her contract was signed on .. .. by the person listed as Durable Power of Attorney on the Admission Record. Further review of Resident #12's record failed to reveal any documentation of the existence of a power of attorney (POA). On at 11:10 a.m., the Executive Director said had not found any POA paperwork for Resident #12 elsewhere in the building. She said she would ensure it gets in the file. Class III	A 162		