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
	AL11965424	A. BUILDING: _____ B. WING _____	05/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE ORIENTA	217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701

(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 #2021005330 was conducted on . . . . The facility had a deficiency at the time of the visit.	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 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	A 056		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 056	Continued From page 1 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 kept in a container that bears a label containing the following: 1. Practitioner's name,	A 056		

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A 056	Continued From page 2 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 reviews, electronic medication observation record (MOR) review and interviews, the facility failed to have evidence of reasonable efforts made to ensure prescriptions were filled in a timely manner for 1 of 4 sampled residents who received assistance with self-administered medications (#3). Findings: Record review for resident #3 revealed a resident health assessment for 1823 form dated ..... and updated on that noted she required assistance with the self-administration of medication. A health care providers order dated , the time noted 12 PM- ... 100 mg 1 daily for 7 days dispense 7 pills-no refills. , . . powder to right ... 3 times a week with . . . . changes please leave at bedside dispense one bottle-5 refills. There were two date stamps on the order for and that indicated the order was faxed to the pharmacy on those days. There was no documentation provided that indicated the order was faxed prior to ..... , two days after the order was received.	A 056		

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A 056	Continued From page 3 Review of the electronic MOR reviewed for tablet 100 mg ( )- given by one time a day for for 7 days. The MOR had a 9 in the spaces at 900 on , and -the chart codes on the mor indicated the 9 meant "other/see nurses notes. "There were no notes that found that indicated why the resident did not get her medication on those days. On at 9 AM the medication was marked as given. On - at 6 PM the medication was marked as given. The health and wellness director reviewed the MOR and said on at 12:30 PM, the "9" usually meant the medication was not available and the staff would not make a note in the record. A facility note dated at 10:34 AM noted -received order from dermatologist for and , powder. Express scripts will not send meds because of them not being long term meds. Called residents daughter to ask if it was okay to have guardian send meds. Daughter declined guardian pharmacy and stated she wished to use Altamonte pharmacy. Order faxed to Altamonte pharmacy. Further record review revealed there was no documentation to confirm why the resident did not receive her first dose of the medication until 4 days after the facility received the order. There was no documentation of the reasonable efforts made to ensure that the resident's medications were filled in a timely manner. The health and wellness director said on at 1:30 PM, the resident's daughter would have to give permission for the pharmacy to refill or fill any of resident #3's medications. She said	A 056		

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A 056	Continued From page 4 telephone calls were made to different pharmacies to see if they would fill the prescriptions and the pharmacies would have to wait to get the resident's daughter permission to fill them. She confirmed the facility did not document all their efforts made to get the prescriptions filled timely. Class III	A 056		