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
	AL11965596	A. BUILDING: _____ B. WING _____	05/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAINES MANOR ALF	301 SOUTH 10TH STREET HAINES CITY, FL 33844

(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 survey (#2021006802) was done in conjunction with a revisit to and biennial survey with limited mental health services at Haines Manor Assisted Living Facility on . Haines Manor Assisted Living Facility had deficient practice identified at the time of the survey.	A 000		
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 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	A 054		

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A 054	Continued From page 1 429.41, 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 assure for 2 (Resident #6 and Resident #5) of 4 sampled resident's Medication Observation Record (MOR) are immediately updated each time a resident has a missed dosage, or refusals to take the medication as prescribed. Findings Included: During a resident record review conducted on revealed that Resident #6's MOR was not being immediately updated for missed or refused doses from - . " 0.5MG/2 ML. Ordered on Inhale 1 vial (2ML) via twice daily " The prescribed 8:00am dose was not given 18 out of 31 days with no explanation of missed doses. " The prescribed 5:00pm dose was not given 11 out of 31 days with no explanation of missed doses. During a resident record review conducted on revealed that Resident #5's MOR was not being immediately updated for missed or refused doses from - . " 300mg capsule. Ordered on take one capsule by three times a day. " The prescribed 12:00pm dose was not given 18 out of 26 days with no explanation of the missed dosed. During an interview conducted on at	A 054		

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A 054	Continued From page 2 2:15pm the Assistant Administrator stated if the medication is not given, they circle their initials and then are to write the reason it was not given on . The Assistant Administrator also confirmed the reasons for missed doses were not written. Class III	A 054		
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	A 056		

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A 056	Continued From page 3 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 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	A 056		

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A 056	Continued From page 4 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 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 interview and record review, the facility failed to ensure that that prescriptions for residents who receive assistance with self-administration were refilled in a timely manner for 1 (Resident #7) of 4 records reviewed. Findings Included: A record review was conducted on , a review of Resident#7's medication observation record (MOR) showed a notation, " , not assisted waiting on pharmacy " for both dates dated - to /202- for times 8:00 A.M.,12:00 P.M., 4:00 P.M. and 8:00 P.M. on the of the MOR. Medications that were circled (denoted as doses not taken) for Resident #7 ' s MOR for to /2021 included: 600 MG Take Tablet By Four	A 056		

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A 056	Continued From page 5 Times Daily. Medications that were circled on to A record review conducted on of Resident# 7's Physician orders for medications on , showed Residents#7's had orders to please d/c (discard) pervious , order. Please administer , 600 mg tablet. (1) tablet PO 4 times daily for , . An interview took place on at 1:30 P.M. with the Assistant Administrator concerning Resident #7's missing medication dosages and the notation concerning the refill. The Assistant Administrator acknowledged that Resident #7 did not have the medications to take as ordered. She stated that there was a mistake and didn't know what happened. She also stated, " Normally we call the pharmacy to see what the hold up," The doctor initially ordered Resident's #7 medications for , 600 MG oral tablet PO 3 x a day as needed for , , but increases the dosage on to please administer , 600 mg tab 1-tab Po 4 x a day for , daily. Class III	A 056		