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
	AL11965413	A. BUILDING: _____ B. WING _____	05/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COCONUT CREEK	4175 WEST SAMPLE ROAD COCONUT CREEK, FL 33073

(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 Change of Ownership (CHOW) with Limited Nursing Services (LNS), Focused Control and Generator Assessment Monitoring surveys were conducted on through at Coconut Creek. The facility had a deficiency identified related to the Change of Ownership (CHOW) survey at the time of the visit.	A 000		
A 055	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph;	A 055		

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A 055	Continued From page 1 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.	A 055		

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A 055	Continued From page 2 (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview, record review and review of policy and procedure, it was determined that the facility failed to ensure that an expired, un-prescribed, over-the-counter (OTC) spray medication left at the bedside, was properly disposed of for 1 of 6 residents observed for Limited Nursing Services (LNS), Resident #17; and the facility failed to ensure that it disposed of properly, a medication for Resident #1 in 1 of 5 Medication carts observed, Medication Cart Bldg. B1. The findings included: Review of facility policy and procedure for Destruction of Discontinued Medications provided by the Administrator, revised , indicated	A 055		

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A 055	Continued From page 3 that prescription drugs not taken with the client/resident upon termination of services or otherwise disposed of shall be destroyed in the facility by the Executive Director (ED) or Licensed Nurse or Designated Representative and witnessed by one other adult who is not a client/resident. All facilities shall retain destruction records for at least three (3) years. 1) During an observational room tour conducted on [redacted] at 11:51 AM with the Director of Wellness (DOW), in Resident #17's room it was noted that there was a bottle of expired, un-prescribed over-the-counter Spray medication dated [redacted], in plain sight/view, on Resident #17's right side dresser top near her bedside. Resident #17, was admitted to the facility on with diagnoses which included [redacted] and [redacted]. (Photographic evidence obtained of expired, un-prescribed over-the-counter [redacted] spray medication). A brief interview was conducted with Resident #17 on [redacted] at 11:55 AM, when she was asked about the expired, un-prescribed, over-the-counter [redacted] Spray bottle found at her bedside. Resident #17 stated that she did not know how it got there but maybe her daughter brought it in. During an interview conducted on at 12 PM with the (DOW), she acknowledged that the bottle of Spray should not have been at the bedside and should have been discarded. An interview was conducted on [redacted] at 2:18 PM with Staff A, a Licensed Practical Nurse (LPN) in which she was asked if Resident #17 had or has ever been prescribed an OTC	A 055		

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A 055	Continued From page 4 Spray medication while residing in this facility and she answered, "No," to both inquiries. LPN Staff A further stated that Resident #17 requires Assistance with self-administration of medication. LPN Staff A also added that she had no idea where the Spray came from. LPN Staff A ended by saying that the medication should not have been at the bedside and should have been discarded. During an interview conducted on at 2:25 PM with Resident #17's daughter, she was asked if the resident had been prescribed this OTC medication and she replied that she did not bring it in, the resident doesn't use it and the resident has not been prescribed the OTC Spray medication. Resident #17's daughter added that Resident # , have picked it up from "somewhere" because she tends to do this. The expired over-the-counter Spray medication was not discarded, until after surveyor inquisition/intervention. Record review of the Physician Order Report dated for , does not indicate that the resident has OTC Spray ordered. Further, review of the Agency for Healthcare Administration (ACHA) Form 1823 Health Assessment page five (5) dated does not indicate that the resident has an OTC Spray ordered and the ACHA Form 1823 Health Assessment page one (1) dated also indicated that this resident has a The AHCA 1823 Assessment dated documented that the resident requires Assistance with Self-administration of Medication.	A 055		

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A 055	Continued From page 5 2) During a Medication Observation conducted on at 8:55 AM Staff B, a Medication Technician/Certified Nursing Assistant (CNA), was observed dropping the prescribed medication pill, 50mg, 1 tablet, for Resident #1, to the floor after preparing the medication. Then subsequently, she was observed tossing/discarding the medication directly into the open lid medication cart trash bin attached to the side of the medication cart for Bldg. B 1. Resident #1, was admitted to the facility on with diagnoses which included , , , History of Falling and Gait Abnormalities. An interview was conducted on at 8:55 AM with Staff B, a Medication Technician/CNA, regarding the resident's pill medication that was discarded into the medication trash bin where she stated that she should not have thrown it in there. On at 9:05 AM, during an interview conducted with the DOW, she acknowledged that the pill was tossed into the medication cart trash bin and that it should not have been put there but should have been properly discarded. Record review of the list provided by the Administrator of 8 residents, residing in thru ---3 of whom have the potential to self-propel themselves in their own wheelchairs in the vicinity of the facility's first floor, revealed that all of these residents, potentially/readily could have had access to this open medication trash bin, with the discarded medication inside, located on the medication cart of Bldg. B1. On at 10:01 AM in an interview	A 055		

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A 055	Continued From page 6 conducted with the Administrator, she stated that there is no specific facility policy and procedure for Assistance with Self-Administration of Medication, nor for Storage nor expiration of medication. The facility follows State guidelines. Medication that had been abandoned or expired must be disposed of within thirty (30) days of being determined, abandoned or expired and the disposal must be documented in the resident's record. Class III	A 055		