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
	AL11922257	A. BUILDING: _____ B. WING _____	06/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA GARDENS ALF	701 WEST 9TH STREET RIVIERA BEACH, FL 33404

(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 Unannounced Relicensure with Limited Mental Health (LMH), Generator Assessment and Focused Control surveys were conducted on at Victoria Gardens ALF. The facility had deficiencies related to the Relicensure with LMH survey at the time of the visit.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.	A 025		

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A 025	Continued From page 1 (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to ensure care and services were provided and/or coordinated for each resident accepted into the facility, for 1 of 2 sampled resident records reviewed (Resident # 4). The findings included: On at 11:10 AM, an observation and	A 025		

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A 025	Continued From page 2 interview was conducted with Resident # 4. Staff A was observed guiding Resident # 4 into the room with the Surveyor to conduct an interview. At this time, the resident stated that she was . She stated that she is a Type II . She went on to state that she checks her own and gives herself from a pre-filled pen. A review of the resident's Florida Health Assessment Form (AHCA 1823 form) dated was conducted. The diagnosis stated the following: Type II , and a history of Mental Illness. The physical sensory section of the form indicates: . Resident # 4 was admitted into the facility of 2020. The AHCA 1823 Form indicated that the resident requires assistance with self-administration of medication. The resident is ordered a regular diet. A review of the Medication Observation Record (MOR) dated revealed that the levels were not recorded for the review of the month of . A review of the lab reports from - was conducted. The resident did not have any work to cover her A1C (3 month average for levels). A review of the physician order dated stated: Levamir Flex Touch U-100 100 (3 ml) (,). The order stated: Inject 30 units every day by , for 31 days (11 refills). On at 02:45 PM, an interview was conducted with Staff A. She stated that Resident # 4 checks her own and she injects	A 025		

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A 025	Continued From page 3 her own . She stated that she maintained the for the resident in the medication cart. She stated she did not keep any records regarding the of the resident, nor was she sure if the resident recorded her own. She went on to state that the resident injects her own . She could not provide the frequency of the injections. She stated the resident did not have any Home Health Services. She stated she saw a doctor every month for care. On at 05:10 PM, an interview was conducted with the Administrator. She stated she didn't believe that the Resident was . She went on to confirm that she never offered third party services to provide management to the resident. She also confirmed that the resident is seen by a physician on a monthly basis, but she did not receive any feedback or documentation regarding the management for the resident. She acknowledged that the AHCA 1823 Form does not call for assistance with self-administration for management. Class III	A 025		
A 032	59A-36.007(8) FAC Resident Care - Elopement Standards 59A-36.007 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar	A 032		

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A 032	Continued From page 4 days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including	A 032		

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A 032	Continued From page 5 specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(i), F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to conduct two (2) mock elopement drills per year, with the participation of the Administrator and Direct Care staff . The findings included: On . . . . . a review of the Agency for Healthcare Administration website was conducted. It was revealed that the licensure period extended from - . On a review of the staffing schedule was conducted. It was revealed that there were a total of 8 direct care staff and the Administrator employed in the facility. On a review of the elopement mock drills provided by the Administrator. It was revealed that the following elopement mock drills were conducted: 1) = 2 staff of the 8 staff employed. 2) . . . . . = 3 staff of the 8 staff employed. 3) Undated = 3 staff of the 8 staff employed.	A 032		

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A 032	Continued From page 6 (photographic evidence). On ..... at 05:00 PM, an interview was conducted with the Administrator. She acknowledged that she had not conducted the required 2 mock elopement drills per year. Class	A 032		
A 056	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 7 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 8 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 observation, interview and record review, the facility failed to ensure that 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 , for 1 of 5 sampled residents observed (Resident # 7). The findings included: On . . . . . at 12:35 PM, an observation was made of the assistance with self-administration medication pass conducted by Staff A. Staff A was observed providing Resident # 7 with the medication Valprozic ACD SOL 250/SML, (liquid) at the dining room table. The resident was observed pouring the liquid into a 6 oz. glass of water. A review of the Medication Observation Record,	A 056		

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A 056	Continued From page 9 (MOR) was conducted. It was revealed that the physician order called for the resident to take 10 ml by . . . . three times per day. The diagnosis on the MOR indicated the medication treats , ... On . . . . . at 12:35 PM an interview was conducted with Resident # 7. He stated he pours the liquid suspension into his water cup every day, because he doesn't like the bitter taste. At this time, Staff A confirmed that this was his preference. She stated she did not have any order for the medication to be poured into water. A review of www.webmd.com on . . . . . revealed that this medication is used to treat . . . . . , mental/ . . . conditions (such as . . . . phase , ...). It works by restoring the balance of certain natural substance (neurotransmitters) in the . On . . . . . at 12:45 PM, an interview was conducted with the Administrator. She stated that she was not aware of the practice by the resident. She confirmed that she did not have an order for this practice and wasn't really sure if this could cause the medication to be diluted or lose it's potency. She stated she would reach out to the physician and inquire about the practice. She further stated that she would obtain an order for the mixture of water to the medicine, if the physician advises. Class III	A 056		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt	A 084		

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A 084	Continued From page 10 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule	A 084		

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A 084	Continued From page 11 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate,	A 084		

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A 084	Continued From page 12 temperature, and . . , . . . , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all Unlicensed Staff whom provide assistance with self-administration of medication, complete a minimum of 4 hours of assistance with self-administration of medication training. They also failed to ensure that staff	A 084		

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A 084	Continued From page 13 complete an additional 2 hours of training every two years for 1 of 4 sampled employee records reviewed: (Specifically, Staff B), The findings included: On . . . . . a review of the employee personnel file was conducted. It was revealed that Staff B was hired on . . . . She was hired as a Medication Technician (Med Tech). She is an unlicensed staff who provides assistance with self-administration of medication, she works on the 03:00 PM - 11:00 PM shift. A review of the employee file revealed that the 4 hour initial training certificate for medication was missing. Further review revealed that the 2 hour update training certificate was also missing. On . . . . . at 03:00 PM, an interview was conducted with Staff B. She confirmed that she provides assistance with self-administration of medication. On at 05:25 PM, an interview was conducted with the Administrator. She acknowledged the findings. Class III	A 084		
AL243	429.075(1) FS; 59A-36.011(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the	AL243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922257	A. BUILDING: _____ B. WING _____	06/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA GARDENS ALF	701 WEST 9TH STREET RIVIERA BEACH, FL 33404

(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
AL243	Continued From page 14	AL243		

staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families.

59A-36.011
(9) LIMITED MENTAL HEALTH TRAINING.
(a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training:
1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses.
a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility.
b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule.
2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics:
a. Mental health diagnoses; and,

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AL243	Continued From page 15 b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the . . . . . procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility holding a Standard Mental Health (LMH) license failed to ensure that all staff who are in direct contact with mental health residents, complete 6 hours of specialized training in working with individuals with mental health diagnoses. The facility also failed to	AL243		

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AL243	Continued From page 16 ensure that all staff who are in contact with mental health, receive 3 hours biennially for 3 of 4 sampled staff (the Administrator, Staff A and B). The findings included: On . . . . . at 09:00 AM, an observation was made of the facility license placed on the wall in the entrance of the facility. The facility displayed the license indicating that they were licensed as a LMH provider. On . . . . . a review of the employee personnel record was conducted for the Administrator. It was revealed that the Administrator was hired on . It was revealed that the Administrator provided the training certificate for the initial 6 hours of training dated . . . . . . The 3 hour updated training certificate could not be found in the employee personnel file. A review of the employee personnel file was conducted. It was revealed that Staff A was hired on . . . . . Staff A works as a Certified Nursing Assistant, (CNA). She provides direct resdent care, according to her job description. A review of the personnel file revealed that the initial training certificate dated . . . . . , 6 contact hours. The 3 hour updated continuing education certificate could not be located in the file. A review of the employee personnel file was conducted. It was revealed that Staff B was hired on . Staff B works as a Home Health Aide, (HHA). A review of the job description in the personnel file indicated that she provides direct care. Further review of the personnel file revealed the 6 hour initial training certificate was	AL243		

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AL243	Continued From page 17 missing. On ..... at 05:25 PM, an interview was conducted with the Administrator. She acknowledged the findings. She further admitted that she was not aware that she could provide the required training's to her direct care staff. Class III	AL243		