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
	AL11965368	A. BUILDING: _____ B. WING _____	07/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AT OCOEE	80 NORTH CLARK RD OCOEE, FL 34761

(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 (2021007637) was conducted at Madison at Ocoee Assisted Living Facility on and . The facility had deficiencies at the time of the survey.	A 000		
A 010 SS=D	429.26(.) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the	A 010		

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A 010	Continued From page 1 resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident ' s representative or designee or the resident ' s family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial	A 010		

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A 010	Continued From page 2 examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions	A 010		

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A 010	Continued From page 3 are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility did not obtain a resident health assessment that was completed by a health care provider at least every 3 years and for a significant change	A 010		

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A 010	Continued From page 4 (hospice admission) for 1 of 6 sampled residents (#1) as required. Findings: Record review for resident #1 revealed his last resident health assessment form 1823 completed by his health care provider was dated (due . . . .). Further record review revealed the resident was admitted into hospice services on and there was no resident health assessment form 1823 completed for the significant change. On at 4 PM, the director of Nursing said she could not locate an updated resident health assessment form for resident #1. Class III	A 010		
A 055 SS=D	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:	A 055		

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A 055	Continued From page 5 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; 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	A 055		

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A 055	Continued From page 6 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. (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 review of medications stored in the facility, record reviews and interviews, the facility failed to maintain documentation of the disposition of a medication for 1 of 11 sampled residents (#6,) failed to dispose of expired medications within 30 days for 2 of 11 sampled residents (#20, 21) and failed to return a	A 055		

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A 055	Continued From page 7 medication to the resident or responsible party when 4 of 11 sampled resident's stay ended (#6, 17, 18, 19). Findings: Observation of the medication supply room where medication was kept for discharge residents, current residents, discontinued and expired medications on at 11 AM revealed there was expired medications, discontinued medications in bags on top of the cabinet, there was some mixed together inside of the locked medication cabinets of current residents and some who no longer resided at the facility. Some examples are as follows: 1. Review of resident #6's record revealed she was admitted to the facility on and she passed aware there on . Continued review of the record revealed two count sheets for 50 miligram (mg) tablets. One sheet indicated that on twenty pills remained, and the second sheet indicated that on thirty-one pills remained. The record did not contain documentation to indicate what the disposition of the remaining pills was. A request was made of the Director of Nursing (DON) to provide any additional documentation. At 3:45 p.m. on the DON said she was unable to find additional documentation and said she did not know what happened to the remaining pills. 2. Resident #6 was discharged from the facility on , she still had 2 mg/milliliter , syringes, forty-five 50 mg tablets, eleven , 0.5 mg tablets and 20 mg/milliliter , syringes stored in the room.	A 055		

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A 055	Continued From page 8 3. In addition, resident #17, who was discharged from the facility on . . . . . , still had five , 0.5 mg tablets stored in the room. Continued review of both residents #6's and #17's record revealed neither contained documentation to indicate the resident's responsible party was notified of the existence of the remaining medications. 4. Resident #18 was discharged on . . . . . and there were packages of , stored. 5. Resident #19 was discharged on and there was packages Hydroco/ , , -5/325 milligrams, , stored. 6. Resident #20 was discharged on and there were 2 bottles of . Powder, one bottle expired on and the other expired on . . . . . . 7. Resident #21 was discharged on . . . . . and there was a bottle of Edertonic liquid that expired on . . . . . . There were two packages of Ibandronate Tablet that expired on . . . . . that did not have a prescription label. Further observations revealed the medication that was discontinued was not marked "discontinued medication" as required. Review of the facility's medication destruction/medication release for non-controlled medications policy and procedure revealed it noted: Resident Discharge: Upon move-out or . . . . of a resident, unused non-controlled medications should be returned to the resident/legally responsible party or returned to the pharmacy for	A 055		

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A 055	Continued From page 9 credit. If the resident/legally responsible party or pharmacy will not accept the medications, the non-controlled medications should be disposed of properly at the community within 30 days. In the event of resident move-out . . . . , the dispensing pharmacy should be notified. Discontinued and Unused medications: When a resident is living in the community, unused and discontinued non-controlled medications should be returned to the pharmacy for credit. If pharmacy will not accept the medications, the non-controlled medications should be disposed of properly at the community within 30 days. Expired medications: Expired medications should be disposed of properly at the community within 30 days. Contact the pharmacy, the regional director of operations or the director of compliance. For controlled medications the policy noted: Resident Discharge: Upon move-out or . . . . of a resident, unused controlled substances should be returned to the resident/legally responsible party or returned to the pharmacy for credit. If the resident/legally responsible party or pharmacy will not accept the controlled substances, they should be disposed of properly at the community within 30 days. In the event of resident move-out the dispensing pharmacy should be notified. Discontinued and Unused controlled substances: When a resident is living in the community or is . . . . . , unused and discontinued controlled substances should be returned to the pharmacy for credit. If pharmacy will not accept the medications, the controlled substances, they should be disposed of properly at the community within 30 days.	A 055		

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A 055	Continued From page 10 Expired medications: Expired controlled substances should be returned to the pharmacy for destruction. If the pharmacy will not accept the expired medication, the controlled substance should be disposed of properly at the community within 30 days. Contact the pharmacy and the Executive Director for guidance questions. Further review of the policy revealed it did not included that: 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 rresident's request. 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. On at 3 PM, the administrator was asked if the residents or their representatives were contacted regarding the medications that were left at the facility after their stay ended. The administrator stated he was not aware of the requirements and the resident, or their representatives were not contacted. Class III	A 055		
A 056 SS=D	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 11 (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 12 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 13 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 observations and interviews, the facility failed to ensure that medications that were centrally store by the facility were properly labeled. Findings: Observation of the medication supply room where medication was kept for discharge residents, current residents, discontinued and expired medications on at 11 AM, revealed there was two packages of Ibandronate Tablet that expired on that did not have a prescription label. There was a package of Probiotics that had a prescription label that was mostly peeled off the package and only had the last name and first two letters of resident #21's first name that remained on the package. There was an over-the-counter bottle , Pepto capsule, 2 bottles of expired , a bottle of smarty pants women's formula and a bottle of liquid-gel that did not have labels on them. There was no way to determined who the medication belonged to. On at 1 PM, the administrator confirmed the findings. Class III	A 056		