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
	AL11965218	A. BUILDING: _____ B. WING _____	09/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW RETIREMENT RESIDENCE, INC	2304 NW 52ND COURT FORT LAUDERDALE, FL 33309

(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 Relicensure and Generator Monitoring survey was conducted on [redacted] at Lakeview Retirement Residence, Inc. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 053	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including ⌄ testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical	A 053		

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A 053	Continued From page 1 laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that licensed staff who provide medication administration, do not store pre-filled medication cups in the medication storage carts prior to administration to residents, for 1 of 1 sampled staff observed: (Specifically, Staff D, Licensed Practical Nurse, LPN). The findings included: On . . . . . at 11:45 AM, an observation was made of the medication storage cart, located in the main dining room. It was revealed that there were 5 paper medication cups located in the first drawer of the only medication cart observed in the facility. The paper cups were labeled with Scotch tape which was tabled with black pen with the following: 1. 8:00 AM, (2 cups). 2. 5:00 PM, (3 cups). On at 11:50 AM, an interview was conducted with the Staff D (LPN). She was asked why the medication cups were filled with pills. She stated she always does this. She stated she did not know this was not regulatory practice. She stated that the 5:00 PM med's were to be administered by herself today at 5:00 PM. She stated the 8:00 AM labeled medications were to be administered at 8:00 AM on .	A 053		

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A 053	Continued From page 2 She stated the medications were to be administered to the following residents: I. Resident # 6 II. Resident # 10 A review of the Medication Observation Record, (MOR), was conducted for Resident # 6 and # 10. It was revealed the medications were ordered for [redacted] and [redacted]. It was revealed the following pills were found in the 5 cups: I. Resident # 6, [redacted] 500 mg, 8:00 AM, and 5:00 PM II. Resident # 10 a. [redacted] Extended Release, 60 mg, 7:30 AM b. Metroprolol Suc, Extended Release 50 mg 8:00 AM c. Glimperide 40 mg, 8:00 AM d. Hydrolozine 50 mg 8:00 AM, and 5:00 PM e. [redacted] 500 mg 8:00 AM and 5:00 PM f. Replaginide 2 mg 7:30 AM and 4:30 PM On [redacted] at 4:30 PM, an interview was conducted with the Administrator. She acknowledged the findings. She stated that Staff D, (LPN), will take the another medication training. Class III	A 053		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [redacted] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that	CZ814		

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CZ814	Continued From page 3 requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that all employment status of all employees within the Care Provider Background Screening Clearinghouse, Initial employment status and any changes in status must be reported within 10 business days, for 1 of 14 current staff employed in the facility (Staff F). The findings included: On [illegible], a review of the current employee staffing schedule was conducted. It was revealed that there were 13 current employees working in the facility. On at 2:30 PM, a side-by-side review	CZ814		

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CZ814	Continued From page 4 of the online website: Agency for Healthcare Administration, (AHCA) Care Provider Background Screening Clearinghouse was conducted with the facility Administrator Designee, Staff D. It was revealed that Staff F was hired on , as other licensed healthcare Professional. Staff D stated Staff F worked in the facility until . She stated that she thought that she had removed the staff from the Background Screening Clearinghouse Roster. (Photographic evidence). On at 4:30 PM, an interview was conducted with the Administrator. She acknowledged the findings. Unclassified	CZ814		