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
	AL11963919	A. BUILDING: _____ B. WING _____	R 09/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE	2960 TAMPA ROAD PALM HARBOR, FL 34684

(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 revisit to re-licensure biennial survey was conducted at Harborchase on . Deficiencies were identified at the time of survey.	{A 000}		
{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: 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	{A 055}		

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{A 055}	Continued From page 1	{A 055}		

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.
(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

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{A 055}	Continued From page 2 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 and interview, the Facility failed keep centrally stored medications locked and secured at all times. Findings Included: During an observation of the Wellness Room, conducted on [redacted] at 11:40 am, the Wellness Room door was wide open. There were three rooms inside this room. The room to the left and the middle room's doors were wide open. There was no staff in any of the three rooms. The room to the left had medications for Residents #3 and #11 lying on top of a medication cart. On the counter next to the sink, there were boxes and bins full of medications. There was a plastic bag full of medications in a bin which was to the left of the miniature refrigerator and in front of the miniature refrigerator, there was a box half full of medications on the floor. Inside the miniature refrigerator, there were boxes and bags of [redacted] which included [redacted], and [redacted] and [redacted].	{A 055}		

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{A 055}	Continued From page 3 medications for Residents #4, #5, and #6. The middle room had a stack of six bins and the top bin was full of medications which included medications for Residents #7, #8, and #12. (photographic evidence obtained) During an observation on . . . . . at 12:1, it was observed that the assisted living unit's medication room's double doors were wide open. There was no staff in or around the room. There were three medication packs which included Rosuvastatin 20 mg, 40 mg, and . . . . . 160 mg for Resident #9 and a pill bottle of . . 100 mg medication for Resident #10 on top of the desk.(photographic evidence obtained) During an interview with the Director of Nursing, conducted on . . . . . at 012:45pm, the Director of Nursing stated that all medications needed to be locked and secured at all times and that the Wellness Room and Medication Room doors needed to be closed and locked when staff exited those rooms. Class III	{A 055}		
{AE207} SS=D	59A-36.021(7) FAC ECC - Services (7) EXTENDED CONGREGATE CARE SERVICES. All services must be provided in the least restrictive environment, and in a manner that respects the resident's independence, privacy, and dignity. (a) A facility providing extended congregate care services may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping	{AE207}		

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{AE207}	Continued From page 4	{AE207}		

service, escort service, companionship, family support, information and referral, assistance in developing and implementing self-directed activities, and volunteer services. Family or friends must be encouraged to provide supportive services for residents. The facility must provide training for family or friends to enable them to provide supportive services in accordance with the resident's service plan.
(b) A facility providing extended congregate care services must make available the following additional services if required by the resident's service plan:
1. Total help with bathing, [illegible], grooming and toileting,
2. Nursing assessments conducted more frequently than monthly,
3. Measurement and recording of basic vital functions and [illegible],
4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident's food and fluid intake and output,
5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider's order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed persons will be providing such assistance, obtain the resident's or the resident's surrogate, guardian, or attorney-in-fact's informed written consent to provide such assistance as required in section 429.256, F.S.,
6. Supervision of residents with [illegible] and [illegible],
7. Health education and counseling and the implementation of health-promoting programs and preventive regimes,

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{AE207}	Continued From page 5 8. Provision or arrangement for rehabilitative services; and, 9. Provision of escort services to health-related (c) Nursing staff providing extended congregate care services may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility's written policies and procedures, provided the nursing services are: 1. Authorized by a health care provider's order and pursuant to a plan of care, 2. Medically necessary and appropriate for treatment of the resident's condition, 3. In accordance with the prevailing standard of practice in the nursing community, 4. A service that can be safely, effectively, and efficiently provided in the facility, 5. Recorded in nursing progress notes; and, 6. In accordance with the resident's service plan. (d) At least monthly, or more frequently if required by the resident's service plan, a nursing assessment of the resident must be conducted. This Statute or Rule is not met as evidenced by: Based on observation and interview, the Facility failed to properly provide extended congregate care (ECC) services for for one Resident (#2) of one sampled ECC resident. Findings Included: During an observation of ECC services with Staff A for Resident #2, conducted on Staff A did not properly provide ECC services for . The following was observed: At 01:00pm, Staff A retrieved a small plastic envelop from the top drawer of the medication cart which appeared to have crushed pills inside	{AE207}		

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{AE207}	Continued From page 6 of it. There was no identifying resident noted on the envelope but did note that the contents were [redacted] and [redacted] written in black marker. This was not a formal label provided by a pharmacist. Staff A did not compare any medication labels to the Medication Observation Record. Staff A proceeded to take the envelope of crushed medications to Resident #2's room. Staff A did not wash her [redacted] before administering the contents of the envelope via [redacted]. Staff A did not have a stethoscope with her and did not assess for positive placement of the [redacted] prior to checking for residual or administering the unknown crushed medication. During an interview with the Director of Nursing, conducted on [redacted] at 01:20pm, the Director of Nursing agreed that Staff A did not follow proper procedures for medication pass or follow the Facility's [redacted] Feedings Policy and Procedures. The Director of Nursing stated that it was still the Facility's policy to check for placement of the [redacted] before flushing with water or administering medications or bolus nutrition. The Director of Nursing agreed that nurses should be washing their [redacted] before and after administering water, medications, or bolus nutrition through a [redacted] and that medications should not be pre-poured and that the nurses should compare the medication labels to the Medication Observation Records. Class III	{AE207}		