

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11966698</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/18/2021</b> |
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NAME OF PROVIDER OR SUPPLIER  
**WELLSPRING ASSISTED LIVING FACILITY**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**37815 15TH AVE WEST  
ZEPHYRHILLS, FL 33542**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A complaint (complaint number 2021011406) in conjunction with a generator monitoring survey was conducted at Wellspring Assisted Living Facility on . . . . . Deficiencies were identified at the time of survey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A 000               |                                                                                                                          |                          |
| A 052<br>SS=D            | 429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin<br><br>429.256<br>(3) Assistance with self-administration of medication includes:<br>(a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an . . . . . that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident.<br>(b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change.<br>(c) Placing an oral dosage in the resident's . . . . . or placing the dosage in another container and helping the resident by lifting the container to his or her<br>(d) Applying . . . . . medications.<br>(e) Returning the medication container to proper storage.<br>(f) Keeping a record of when a resident receives | A 052               |                                                                                                                          |                          |

AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| A 052                    | <p>Continued From page 1</p> <p>assistance with self-administration under this section.</p> <p>(g) Assisting with the use of a _____, including removing the cap of a _____, opening the unit dose of _____ solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the _____.</p> <p>(h) Using a _____ to perform _____ level checks.</p> <p>(i) Assisting with putting on and taking off _____ stockings.</p> <p>(j) Assisting with applying and removing an _____ but not with titrating the prescribed _____ settings.</p> <p>(k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.</p> <p>(l) Assisting with measuring vital signs.</p> <p>(m) Assisting with _____ bags.</p> <p>(4) Assistance with self-administration does not include:</p> <p>(a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.</p> <p>(b) The preparation of syringes for injection or the administration of medications by any injectable route.</p> <p>(c) Administration of medications by way of a tube inserted in a _____ of the body.</p> <p>(d) Administration of _____ preparations.</p> <p>(e) The use of irrigations or debriding agents used in the treatment of a skin condition.</p> <p>(f) Assisting with _____, or _____ preparations.</p> <p>(g) Assisting with medications ordered by the physician or health care professional with</p> | A 052               |                                                                                                                          |                          |

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| A 052                    | <p>Continued From page 2</p> <p>prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication.</p> <p>(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.</p> <p>(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.</p> <p>59A-36.008<br/>(3) ASSISTANCE WITH<br/>SELF-ADMINISTRATION.<br/>(a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self-administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule.<br/>(b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed.<br/>(c) In order to facilitate assistance with self-administration, trained staff may prepare and</p> | A 052               |                                                                                                                          |                          |

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| A 052                    | <p>Continued From page 3</p> <p>make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.</p> <p>(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.</p> <p>(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:</p> <ol style="list-style-type: none"> <li>1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,</li> <li>2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,</li> <li>3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or</li> <li>4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.</li> </ol> <p>(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.</p> <p>(g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.</p> | A 052               |                                                                                                                          |                          |

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| A 052                    | <p>Continued From page 4</p> <p>(h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation and interview, the facility failed to assist with self-administration of medications appropriately for three (#1, #2 and #3) of residents three sampled.</p> <p>Findings included:</p> <p>During a medication pass observation conducted on _____ at 11:03 AM, Staff A, an unlicensed staff, was observed dispensing medications into a cup without the resident present, not tell the resident what they were receiving and not sanitizing his _____ between residents or sanitizing a tray table after a resident checked their _____ level for Residents #1, #2 and #3.</p> <p>In an interview with Staff A conducted on _____ at 12:37 PM he confirmed that he did not sanitize his _____ between residents, tell the resident what they were receiving or dispense the medication in the presence of the residents. He confirmed that he should have sanitized the tray after the resident checked her _____.</p> <p>An interview with the Administrator conducted on _____ at 1:02 PM she stated that her expectations of a med tech are the following: identify the resident, explain what they are getting, dispense into a cup in their presence, and the med tech should sanitize their _____, and never touch the pills with their _____. A paper</p> | A 052               |                                                                                                                          |                          |

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| A 052                    | Continued From page 5<br><br>towel should be put down for a barrier when doing<br>a                      and then the table should be<br>sanitized with bleach.<br><br>Class III | A 052               |                                                                                                                          |                          |