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
	AL11969310	A. BUILDING: _____ B. WING _____	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERMARK AT VISTAWILLA, THE	1519 EAST SR 434 WINTER SPRINGS, FL 32708

(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 Complaint Investigations #2021011583, 2021012507, 2021012037 were conducted at The Watermark at Vistawilla on , , . The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=B	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 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 025	Continued From page 1 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 record reviews and interview, the facility failed to document in 1 of 5 sampled resident's record when a hospitalization occurred (#8). Findings: Review of the facility's admission and discharge log revealed documentation that indicated resident #8 was discharged on due to Review of resident #8's record revealed a facility note that was dated that indicated staff	A 025		

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A 025	Continued From page 2 reported the resident was not eating or drinking and her were red and . Her was dark in color and foul smelling. A health care provider and responsible party were notified. The record did not contain any further facility documentation. On at 12:40 p.m. the director of nursing (DON) said that on the resident's responsible party took her to the hospital and while there, the resident was admitted to hospice services. On , the DON was informed the resident was transferred to a hospice inpatient unit. On , the resident . The DON said she must have just forgotten to write a note about the events. Class	A 025		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include:	A 054		

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A 054	Continued From page 3 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the Medication Observation Record (MOR) for 4 of 5 sampled residents was properly updated without omissions (#3, #4, #5, #6). Findings: 1. Review of resident #3's record revealed a facility admission date of [illegible]. A current 1823 health assessment form that was dated revealed the resident's diagnoses included [illegible] Obstruction, [illegible]. She required assistance with self-administration of medications. Further review revealed a health care provider's order that was dated [illegible] for [illegible] liquid 2 milligrams by [illegible] at bedtime. However, review of the resident's [illegible] MOR revealed the [illegible] was not signed as given on [illegible] and [illegible] through [illegible]. There was no	A 054		

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A 054	Continued From page 4 documentation on either the MOR or in the record to indicate why. On at 1:35 p.m. the DON confirmed the findings and was unable to provide additional documentation. Record review for resident #4, #5 and #6 revealed they all required assistance with the self-administration of their medications. Review of their Medication Observations Records (MORs) for , , and revealed there were blank spaces and there was no explanation as to why the spaces were left blank as follows: 2. Resident #4- , 10 milligrams (mg) once daily, 50 mg once daily, mg one twice daily, 20 mg once daily, CL ER 10 milliequivalents (MEQ) all at 8 AM were left blank on ..... , 10 milligrams (mg) once daily, 50 mg once daily, mg one twice daily, 20 mg once daily, CL ER 10 milliequivalents (MEQ) all at 8 AM were left blank on ..... 3. Resident #5 Florastor 250 mg one twice daily was left blank at 8 AM on , and and at 8 PM on , 125 microgram (mcg) take one tablet on Monday, Wednesday, Friday, and Saturday was	A 054		

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A 054	Continued From page 5 left blank at 8 PM on . . . . . , 25 mg take 1 at bedtime was left blank at 8 PM on . . . . . . 4. Resident #6 , 81 mg once daily, , 75 mcg once every morning, ... , 150 mg twice daily, C twice daily, 10 mg three times daily were all left blank at 6 AM on . . . . . , 500 mg 1 twice daily was left blank at 2 pm on and . . . . . 50 mg 1 tablet three times daily was left blank at 8 AM on , , , ... , ... , ... and . . . . . and at 4 PM on , , ... , 10 mg one daily at 8 AM was left blank on , , , , ... , 50 mg 1 at bedtime was left blank on . . . . . , The resident care director said on . . . . . at 2 PM, she did not know why the MOR's were left blank. Class III	A 054		
A 056 SS=D	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	A 056		

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A 056	Continued From page 6 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 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	A 056		

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A 056	Continued From page 7 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 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 record reviews and interview, the facility failed to make every effort to ensure 1 of 5	A 056		

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A 056	Continued From page 8 resident's medication was refilled in a timely manner to ensure doses were not missed (#3). Findings: Review of resident #3's record revealed a facility admission date of . . . . . A current 1823 health assessment form that was dated revealed the resident's diagnoses included , , , , Obstruction and . . . . . She required assistance with self-administration of medications. Further review revealed a health care provider's order that was dated for ABRH cream 1.5 inches apply to inner four times a day for agitation. However, review of the resident's . . . . . MOR revealed the doses on . . . . through were circled and documentation on the . . . of the MOR indicated those doses were "not given" and "awaiting pharmacy." There was no documentation on either the MOR or in the resident's record to indicate efforts were made by the facility to ensure the medication was refilled prior to it running out. On at 1:35 p.m. the DON confirmed the findings and was unable to provide additional documentation. Class III	A 056		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (.). A staff member who has completed courses in First Aid and and holds a currently valid card documenting	A 083		

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A 083	Continued From page 9 completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on review of staffing schedules, time sheets and interview, the facility failed to ensure a staff member who held a current valid first aid and card was in the facility at all times. Findings: A request was made for evidence of at least one staff working on each shift during who held a current valid first aid and card. Review of the staffing schedule for revealed staffs G, K and L all worked between 3pm-11pm. Review of staff E's time sheet revealed she worked on until 8:44 pm. On at 5:30 p.m. neither the	A 083		

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A 083	Continued From page 10 administrator nor the DON could provide proof of and first aid for any staff who worked on . . . between 8:44 p.m. and 11 p.m. Class III	A 083		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 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	A 084		

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A 084	Continued From page 11 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 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, [illegible] dosage forms, and [illegible] 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 [illegible] syringes that are prefilled with the proper dosage by a pharmacist and [illegible] 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 [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible]	A 084		

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A 084	Continued From page 12 and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and, n. Measurement of [illegible] rate, temperature, and [illegible] 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	A 084		

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A 084	Continued From page 13 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 personnel record reviews and interview 2 of 3 sampled unlicensed staff (H and J) who provided assistance with the resident's medication did not receive 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 provided by a licensed registered nurse, or a licensed pharmacist. Findings: 1. On at 2:15 PM, staff G said that she assisted the residents with their medications. Personnel record review for staff G, revealed a 6-hour medication training that was dated , there was no documentation to confirm she had received 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility provided by a licensed registered nurse, or a licensed pharmacist. in 2020 and 2021 as required. On at 4:30 PM, the human resource director said staff G did not receive the annual training as required. On the facility provided 2-hour medications update training for staff G that was dated via email.	A 084		

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	AL11969310	A. BUILDING: _____ B. WING _____	10/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERMARK AT VISTAWILLA, THE	1519 EAST SR 434 WINTER SPRINGS, FL 32708

(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 084	Continued From page 14 Review of staff J's personnel record revealed it contained a 4-hour certificate of training that was dated on providing assistance with self-administration of medications. The record did not contain documented evidence to indicate staff J received the required 2-hour annual update training in 2019, 2020 and 2021. On at 2:30 p.m. the human resource director confirmed the findings and was unable to provide additional documentation. On the facility provided a 2-hour annual update training for staff J however, it was dated , the day after the survey was concluded. Class III	A 084		
A 091 SS=B	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training	A 091		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969310	A. BUILDING: _____ B. WING _____	10/21/2021

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A 091	Continued From page 15	A 091		

pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule.
(c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.

This Statute or Rule is not met as evidenced by:
Based on record reviews and interview, the facility failed to ensure training certificates for 4 of 6 sampled staff contained all of the required information (G, H, I, J.)

Findings:

1. Review of staff G's personnel record revealed a hire date of . The record contained a pre-service orientation certificate of training that was dated that contained the topic of "defining ALF and understanding our facility type" however, the certificate did not indicate the duration of that topic and it did not contain the employee's signature.

2. Review of staff H's personnel record revealed a hire date of . The record contained a pre-service orientation certificate of training that was dated that contained the topic of "defining ALF and understanding our facility type" however, the certificate did not indicate the duration of that topic and it did not contain the employee's signature.

3. Review of staff I's personnel record revealed a hire date of . The record contained a

Agency for Health Care Administration

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	AL11969310	A. BUILDING: _____ B. WING _____	10/21/2021

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WATERMARK AT VISTAWILLA, THE	1519 EAST SR 434 WINTER SPRINGS, FL 32708

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A 091	Continued From page 16 pre-service orientation certificate of training that was dated that contained the topic of "defining ALF and understanding our facility type" however, the certificate did not indicate the duration of that topic and it did not contain the employee's signature. 4. Review of staff J's personnel record revealed a hire date of . . . . . The record contained a certificate of training that was dated on recognizing and reporting elder . . . . and neglect however, the certificate did not contain the duration of the training. On . . . . . at 2:42 p.m. the administrator confirmed the findings. Class	A 091		