

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966519	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/18/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SAVANNAH GRAND OF MAITLAND

**740 NORTH WYMORE ROAD
MAITLAND, FL 32751**

(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 Complaint Investigations 2021007863 and 9608 was conducted at Savannah Grand of Maitland on . The facility had a deficiency at the time of the survey.	{A 000}		
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 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	A 056		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 056	Continued From page 1 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, faxed, 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 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:	A 056		

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NAME OF PROVIDER OR SUPPLIER SAVANNAH GRAND OF MAITLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 740 NORTH WYMORE ROAD MAITLAND, FL 32751		
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A 056	Continued From page 2 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 interviews, the facility failed to make every reasonable effort to ensure a prescription was filled in a timely manner for 1 of 5 sampled residents who received assistance with medications (#16). Findings: Review of resident #16's record revealed a facility admission date of . The record contained an 1823 that was dated . and that indicated the resident's diagnoses included . and that he required assistance with self-administration of medications. The record contained a health care provider's order that was dated . for . 50 microgram (mcg) tablet, one tablet by once daily in the morning. Review of the resident's . MOR revealed the . dose from through . were all circled and documentation on the . of the MOR indicated "awaiting pharmacy; not given."	A 056			

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A 056	Continued From page 3 A facility note that was dated _____ indicated the resident was running low on _____, 50 mcg. The VA pharmacy to refill. Turnaround time of _____ business days. A facility note that was dated _____ indicated the pharmacy was contacted regarding refill. They indicated meds were enroute. A facility note that was dated _____ indicated the pharmacy was called to check on ETA of meds. Meds mailed on _____. On _____ at 3:55 p.m. the wellness director said a request for refills was usually done when there were _____ days left of meds. She said a call was placed to the VA on _____ but were informed by the VA that it was too soon to refill the _____. On _____ at 4:46 p.m. staff I said she called the VA for a refill on _____ but was told it was too early to refill. She called the VA on _____ and was told they would put the refill through and that it would take _____ business days. She tried to obtain the med from the facility's pharmacy but was told by them that an order had to be obtained from the resident's health care provider. The resident's record did not contain documentation to indicate the resident's health care provider was contacted to obtain an order so the facility's pharmacy could fill the medication, so the resident did not miss the three doses. Class III	A 056		