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 _____	11/09/2021

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 complaint investigation (complaint number: 2021014481) and a second revisit to biennial survey were conducted at Harborchase on . Deficiencies were identified at the time of survey.	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (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. (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. (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 . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives	A 052		

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

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A 052	Continued From page 2 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. (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. (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. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] 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. (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. (c) In order to facilitate assistance with self-administration, trained staff may prepare and	A 052		

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A 052	Continued From page 3	A 052		

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.
(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.
(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:
1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,
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,
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
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.
(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.
(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.

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A 052	Continued From page 4 (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to ensure proper assistance with self-administration of medications according to the required steps in 429.256 Florida Statutes for two Residents (#4 and #5) of two sampled residents that required assistance with self-administration of medication. Findings Included: During a medication pass observation with Staff B and Staff C, unlicensed Medication Technicians for Residents #4 and #5, conducted on ..... between 04:45am through 05:30am, revealed the following: "At 04:45am, Staff A (a licensed practical Nurse), was pre-prepping medications in the medication room by opening pill packs and pouring the contents into a plastic drinking cup without comparing any labels to residents' medication observation records. The drinking cups were lined up on each medication cart with initials and room numbers written in black magic marker. There was no other identifying information on the cup as to the residents' names or the medication contents as far as the drugs, doses, or directions for use. The pills in the cups were crushed tablets, opened capsules, and liquid medications (photographic evidence obtained).	A 052		

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A 052	Continued From page 5 "At 05:10am, Staff C arrived at the medication room and obtained one cup of crushed pre-prepped medications with Resident #4's initials and room number written on it from a blue tote. There was no identifying information or pharmacy label on the cup and did not include the resident's name or the medication name, dose, or directions of use. Staff C stacked other cups into the blue tote on top of each other where the cups on top were touching the crushed or open medications from the cup below it. Staff C stacked the cups three cups high. Staff C brought the cup to Resident #4 and entered her room without knocking on the door. Staff C did not identify Resident #4 and called her 'darling'. Staff C stated to Resident #4 that 'when you're ready, yours are all right there' and those are your three pills'. Staff C obtained butterscotch pudding and added a spoonful to the crushed medications, stirred the mixture, scooped the mixture onto the spoon, and inserted the medication mixture into Resident #4's . Resident #4 did not assist in taking her medications. "At 05:30am, Staff B obtained a tote that had seven cups of pre-prepped medications with residents' initials and room numbers written on the cups. The cups were in the tote stacked two and three high with the top cups touching the medication contents from the cups below them. Staff B picked up the tote and carried it to the second floor. Staff B entered Resident #5's room and put the tote down on the counter and obtained a cup that had Resident #5's initials and room number. There was no identifying information or pharmacy label on the cup and did not include the resident's name or the medication name, dose, or directions of use. A record review for Resident #4 and #5,	A 052		

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A 052	Continued From page 6 conducted on . . . . . , revealed that according to their most recent health assessment forms, Resident #4 and #5 required assistance with self-administration of medication. Resident #4 was admitted on . . . . . Resident #5 was admitted on . During an interview with Staff A, conducted on . . . . . at 04:50am, Staff A stated that the unlicensed Medication Technicians will carry the medications that she prepares individually to the residents and that they do not carry the medication cart with them. During an interview with Staff C, conducted on . . . . . at 05:22am, Staff C stated that this was the way that medication pass was performed every day. During an interview with Staff B, conducted on . . . . . at 05:35am, Staff B stated that this was the way he was taught to do the medication pass during his facility orientation training, but it was not how he was taught during his six-hours assistance with medication training. During an interview with the Health and Wellness Director, conducted on at 09:30am, the Health and Wellness Director stated that Medication Technicians should follow their training and pop the pills out of the pill packs in front of residents and read the medication name and dose to residents from the medication label. The Health and Wellness Director agreed that the description of the 06:00am medication pass was not proper procedure and placed residents at risk for medication errors. Class III	A 052		