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 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 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency.	A 058		

AHCA Form 3020-0001

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

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A 058	Continued From page 1 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that all medication concerns were corrected as required. (Cross Reference: A0055) Findings Included: Due to the uncorrected Class III deficiencies concerning the facility's medication practices, the facility shall be required to employ the consultation services of a licensed pharmacist or a registered nurse consultant. The consultant shall at a minimum, provide onsite	A 058		

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A 058	Continued From page 2 quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. This written statement serves as notification of the above stated requirement. Class III	A 058		
{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 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, ..., grooming and toileting, 2. Nursing assessments conducted more frequently than monthly, 3. Measurement and recording of basic vital	{AE207}		

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{AE207}	Continued From page 3 functions and [redacted], 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 [redacted] and [redacted], 7. Health education and counseling and the implementation of health-promoting programs and preventive regimes, 8. Provision or arrangement for rehabilitative services; and, 9. Provision of escort services to health-related [redacted]. (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,	{AE207}		

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{AE207}	Continued From page 4 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 medication administration for two Residents (#2 and #3) of two sampled residents admitted to ECC services. Findings Included: During an observation of ECC services with Staff A for Resident #2 and #3, conducted on , Staff A did not properly provide ECC services for medication administration via and the following was observed: 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). At 05:40am, Staff A obtained cup of pre-crushed pills that had Resident #2's initials and room number written on it. The Surveyor was unable to verify the correct medications for the correct resident as the medications were pre-prepped.	{AE207}		

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{AE207}	Continued From page 5 Staff A entered Resident #2's without knocking on the door. After Staff A set up Resident #2 for the medication administration via . . . . . , Staff A poured 20cc of purified water into the cup of medications and dissolved the pills. Staff A then poured the medication mixture into Resident #2's tube via a syringe. At 05:53am, Staff A obtained a cup of pre-crushed pills and liquid medication that had Resident #3's initials and room number written on it. The Surveyor was unable to verify the correct medications for the correct resident as the medications were pre-prepped. Staff A entered Resident #3's room without knocking on the door. After Staff A set up Resident #3 for the medication administration via . . . . . , Staff A laid her stethoscope onto Resident #3's bed without a barrier. Staff A then poured 20cc of purified water into the cup of medication and dissolved the pills and added the 5ml of liquid medication. Staff A then poured the medication mixture into Resident #3's tube via a syringe. Upon leaving Resident #3, Staff A picked up her stethoscope off the bed and placed it around her . . During an interview with Staff A, conducted on . . . . . at 05:48am, Staff A stated that she was aware that medications given via were supposed to be given separately with water between each medication. Staff A stated that the medications given to Resident #2's were his 06:00am medications. At 06:25am, Staff A stated that the medications given to Resident #3 were his 06:00am medications. A record review for Resident #2, conducted on . . . . . , revealed that Resident #2's 06:00am medications included one tablet of	{AE207}		

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{AE207}	Continued From page 6 , /, 25-250mg, , 112mcg, , 5mg, , 40mg, 10mg, , 20mg and a half tablet of , 25mg. Resident #2 was admitted into the Facility on /20219 and into ECC services on for , management with medication administration and bolus feeding. A record review for Resident #3, conducted on , revealed that Resident #3's 06:00am medications included one table of C, 10mg, 1mg, 0.4mg, , 25mg, , 125mcg, and a liquid medication 220/5ml. Resident #3 was admitted into the facility on and into ECC on for , management with medication administration and bolus feedings. During an interview with the Health and Wellness Director, conducted on at 08:00am, the Health and Wellness Director stated that unlicensed Medication Technicians and licensed Nurses should follow their training and pop the pills out of there packs in front of residents and read the medication name and dose to residents. At 10:15am, the Health and Wellness Director agreed that the description of the medication administration by Staff A for Residents #2 and #3 was not per the facility's feeding policy and procedures and that medications given via were supposed to be administered separately with 5-10cc of water between each medication. The Health and Wellness Director agreed that Staff A did not have a license to label or re-label medications. Class III	{AE207}		

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{A 000}	Continued From page 7	{A 000}		
{A 000}	Initial Comments A second revisit to /201 biennial survey and a complaint investigation (complaint number: 2021014481) were conducted at Harborchase on . Deficiencies were identified at the time of survey.	{A 000}		
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: 1. The name of the resident and any known 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 , the facility must, pursuant to section	A 054		

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A 054	Continued From page 8 429.41, 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 review and interview, the Facility failed to ensure that Medication Observation Records (MORs) were accurate and free from errors for two Residents (#2 and #3) of two sampled residents. Findings Included: A MORs review for Resident #2, conducted on , revealed that Resident #2's MORs contained errors for the route in which the resident was to take his medications. The medications , / , 25-250mg, , 112mcg, , 5mg, , 40mg, Jevity one Carton (237ml), 10mg, and , 20mg stated for the resident to take these medications and feeding by . Resident #2's extended congregate care records and health assessment form dated stated that the resident was not able to take anything by and that he was admitted to the facility's extended congregate care services for management. A MORs review for Resident #3, conducted on , revealed that Resident #3's MORs contained errors for the route in which the resident was to take one of his medications. The medication 0.4mg stated for the resident to take this medication by . Resident #3's extended congregate care records and health assessment form dated stated that the resident was not able to take anything by and that he was admitted to	A 054		

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A 054	Continued From page 9 the facility's extended congregate care services for management. During an interview with Staff A (a licensed practical nurse), conducted on , Staff A stated that she was unsure the reason that some of Resident #2's and #3's medications state to take them by and that both residents were unable to take anything by . Class III	A 054		
{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 055}		

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{A 055}	Continued From page 10 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 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	{A 055}		

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{A 055}	Continued From page 11 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 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, record review, and interview, the facility failed to keep medications locked and secured at all times. Furthermore, the facility failed to provide accurate accounting of centrally stored [redacted] for seven Residents (#2, #4, #6, #7, #8, #9, and #10) of seven sampled residents. Findings Included: During an observation of the medication room, conducted on [redacted] at 05:33am, there was a pill pack for [redacted] 125mcg lying on top of the desk for Resident #1. There was a black and yellow tote in a chair that had several medications within in it that was unlocked/not	{A 055}		

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{A 055}	Continued From page 12	{A 055}		

secured (photographic evidence obtained). At 05:40am, Staff A (a licensed practical nurse) left the medication room leaving the double doors wide open for free access to anyone and returned at 05:52am. Staff A left the medication room again at 05:53am, leaving the double doors wide open for free access to anyone and returned at 06:30am. At 06:55am, Staff A handed of the medication cart keys to the oncoming day shift staff and did not perform a count with any of the oncoming staff.

An audit of the centrally stored , conducted on , revealed that the facility did not keep accurate accounting of . At 07:25am, the in medication cart two was audited with Staff K. Resident #4 was supposed to have 59 50mg pills remaining and she had 58. Resident #6 was supposed to have 36 50mg pills remaining and she had 39. At 07:30am, the in medication cart four was audited with Staff J. Resident #7 was supposed to have 18 50mg pills remaining and he had 17. At 07:45am, the in the Nursing medication cart was audited with Staff G. Resident #2 was supposed to have 88 0.25mg remaining and he had 87. Resident #8 was supposed to have 7 5/325mg pills remaining and she had 6. Resident #9 was supposed to have 26 Besoma 15mg pills remaining and there were none in the medication cart. Resident #10 was supposed to have 26 0.5mg remaining and she had 28 in one pack and the other pack indicated that she should have had 29 pills remaining and there were none in the medication cart.

During an interview with the Health and Wellness Director, conducted on at 08:00am,

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{A 055}	Continued From page 13 the Health and Wellness Director agreed that medications were supposed to be locked and secured at all times. The Health and Wellness Director stated that the off-going shift were supposed to count the [redacted] with the oncoming shift to ensure accuracy. Class III	{A 055}		