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
	AL11910326	A. BUILDING: _____ B. WING _____	11/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
L'ARCHE JACKSONVILLE, INC III	700 ARLINGTON ROAD NORTH JACKSONVILLE, FL 32211

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A 000	Initial Comments An abbreviated relicensure survey was conducted at L'Arche Jacksonville III Assisted Living Facility on . Deficiencies were identified at the time of the 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 assistance with self-administration under this	A 052		

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A 052	Continued From page 1 section. (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 . (h) Using a to perform level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed 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 bags. (4) Assistance with self-administration does not include: (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. (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 of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed,"	A 052		

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A 052	Continued From page 2 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 , 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 make available such items as water, juice, cups,	A 052		

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A 052	Continued From page 3	A 052		

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.
(h) All trained staff must adhere to the facility's

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A 052	Continued From page 4 . . . . control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on medication pass observation, clinical record review, and staff interview the facility failed to ensure the physician's order for one out of two residents sampled for medication pass observation was not an "as needed" order when the resident was not able to determine the need for or purpose of the medication and unlicensed staff were assisting the resident with self-administration (Resident #1). The findings include: During the medication pass observation on at 3:43 pm Resident #1 received a . . . . . treatment. She was assisted by Employee B. Resident #1 was non-verbal, making her incapable of asking for the treatment. When the resident was informed of the medication and the treatment, she did not respond or express understanding non-verbally. Employee B explained they gave her the because Resident #1 had a "rattle" in her . . . . She confirmed that the resident gets the three times a day at 8:00 am, 3:00 pm and 8:00 pm. Review if the clinical record for Resident #1 revealed the Medication Observation Record (MOR) read: , ... , . . / . . . . Substitute for : Inhale 1 vial via four times a day as needed. Diagnosis: . . . . . . The MOR showed the	A 052		

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A 052	Continued From page 5 was given three times a day at 8 am, 3 pm, and 8 pm from to , and again to . Photographic evidence obtained. Resident #1's physician's orders dated through read: , , - . For : Inhale 1 vial via four times a day as needed. Dx: . Resident #1's Health Assessment, Form 1823 dated ., read: Medical History and Diagnoses: Physically and mentally , , in wheelchair. Physical and Sensory Limitations: Unable to communicate. Section 2-A indicated she needed assistance with all self-care tasks, as she was non-verbal, unable to read or talk. The assessor documented Resident #1 was unable to make decisions, and all tasks must be completed for her. Photographic evidence obtained. Employee B's personnel file showed credentials as an unlicensed medication technician, not a licensed nurse. During an interview with the Administrator and the Community Care Coordinator on at 5:25 pm they both agreed that the order for the should be written as scheduled instead of as needed due to the resident's inability to be able to tell the staff that she wanted a treatment, and she knew what it was for. They both confirmed that Resident #1 was non-verbal and unlicensed staff could not make the determination that she needed the treatment. Class III	A 052		

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A 056	Continued From page 6	A 056		
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 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	A 056		

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A 056	Continued From page 7	A 056		

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 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,

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A 056	Continued From page 8 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 observation, record review, and interview, the facility failed to ensure that one of two residents had accurate medication labeling that matched the physician's orders (Resident #2). The findings include: During the medication pass observation on at 3:35 pm, Employee B assisted Resident #2 with self-administration of her medication. The resident received , , 25 milligram (mg) tablet. She told Resident #2 the name of the medication and asked the resident if she knew what it was for. The resident responded, "Yes. It is for ," The technician told her she was right. Employee B confirmed the medication is for . The medication label read: , , 25mg tablet. Take 1 tablet by three times a day. Diagnosis: itching. Photographic evidence obtained. Resident #2's Medication Observation Record (MOR) read: , , 25 mg tablet. Take 1 tablet by three times a day. Diagnosis: itching. 8 am, 4 pm and 8 pm. Photographic evidence obtained.	A 056		

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A 056	Continued From page 9 Review of the Health Assessment, Form 1823 physician's orders for Resident #2 dated [redacted] revealed the following order: [redacted] 25mg tablet. Take 1 tablet by [redacted] three times a day for [redacted]. Photographic evidence obtained. Further review of the record found no evidence a physician had changed the diagnosis for this medication. During an interview with the Administrator and the Community Care Coordinator on [redacted] at 5:25 pm they both agreed that the diagnosis for the [redacted] 25 mg tablet for Resident #2 was [redacted], not itching. They did not know where the diagnosis for itching came from. They agreed that the label, MOR, and physician's orders for the residents' medication all needed to be the same to reduce the risk of medication errors. Class III	A 056		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable [redacted]. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual	A 078		

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A 078	Continued From page 10 basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or	A 078		

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A 078	Continued From page 11 more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure one of three employees had received a negative screening annually (Employee B). The findings include: Review of the facility staffing schedule for the month of revealed Employee B worked at the facility full time. During the lunch meal service on . . . . at 12:50 pm for Resident #1, Employee B was observed preparing the meal for Resident #1. After the meal was prepared, Employee B then assisted Resident #1 with feeding herself. During the medication pass observation on at 3:35 pm, Employee B assisted Resident #1 and Resident #2 with self-administration of medication. Review of the personnel file for Employee B revealed she was lasted tested for . . . . . on . Photographic evidence obtained. During an interview with the Administrator and the Community Care Coordinator on at 5:25 pm, they both acknowledged that Employee	A 078		

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A 078	Continued From page 12 B has not had a . . . . . screening in the last year. Class III	A 078		