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
	AL11969028	A. BUILDING: _____ B. WING _____	11/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZON BEACHSIDE LLC	1894 S PATRICK DR INDIAN HARBOR BEACH, FL 32937

(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 An Extended Congregate Care (ECC) monitoring visit was conducted at Zon Beachside on . The facility had deficiencies 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 observations, record reviews and interviews, the facility failed to ensure an unlicensed staff member (A) who assisted 3 of 4 sampled residents with self-administration of medications followed the correct procedures (#2, #3 & #4.) Findings: 1. Observations made during a medication pass for resident #2 on . . . . . at 10:40 a.m. revealed caregiver A removed med pkgs from the cart then while standing at the cart, she poured each med into a cup. She then crushed the meds with a pill crusher and placed them in applesauce. She locked the cart then washed her . . . . . She took the mixture to the resident, who was in the dining room, then said "I'm going to give you your , med." She then spooned the mixture into the resident's and gave her a drink. Caregiver A then said to the resident "I'm gonna put the , , for you" then lowered the . . . of the resident's high . . . wheelchair. She then removed the resident's glasses, placed one drop of the solution into each of the resident's , , placed the glasses on the resident's . . . then raised the . . . of the wheelchair. She then sanitized her and signed the electronic MOR. The surveyor discussed the observations with the caregiver. Specifically, that the caregiver	A 052		

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A 052	Continued From page 5 administered the meds, although not licensed to do so, and prepared them at the cart rather than in the resident's presence, as required to do so. When asked if she understood that, she nodded her . . . up and down. 2. Observations made on . . . . . at 10:56 a.m. revealed caregiver A removed a cup from the top drawer of the med cart. The cup contained five pills and resident #3's room number was written on it. The caregiver said she pre-poured the medications and had not yet taken them to the resident. The caregiver then approached the resident, who was participating in an activity in the dayroom, and asked the resident if she was ready to the take her meds. The resident replied, "in a minute." The caregiver placed the cup . . . into the cart then said she'd give them to the resident at the conclusion of the activity. The caregiver pre-poured the meds and therefore, did not prepare the meds in the resident's presence, as required. 3. Observations made during a med pass for resident #4 on . . . . . at 11:05 a.m. revealed caregiver A removed meds from the cart. While standing at the cart, she mixed the . . . and the . . . , . . . in applesauce. She then placed the remaining meds in a separate cup. She washed her . . . . . She then took both cups to the resident, who was in bed, and said "I got your . . . . . and . . . , . . . , there's two in there." She then spooned the applesauce mixture into the resident's . . . . , looked at the surveyor and said, "she's a feeder." She then looked at the resident and said, "I got your . . . . for you" then spooned the meds, one at a time, into the resident's . . . . . She then gave the resident water then she sanitized her own .	A 052		

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A 052	Continued From page 6 Despite the earlier discussion with caregiver A, she administered the meds to resident #4 and failed to prepare the meds in the resident's presence. Class III	A 052		
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,	A 056		

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A 056	Continued From page 7 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 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	A 056		

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A 056	Continued From page 8 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 review of medication packages, record reviews and interview, the facility failed to either obtain a revised label from the pharmacist or place an "alert" label on the medication package that directed staff to examine the revised directions for use in the medication observation record (MOR) for 1 of 4 sampled residents (#2). Findings: Review of resident #2's record revealed an 1823, dated , that indicated the resident's diagnoses included , , , and and she required assistance with self-administration of medications. Review of the pharmacy label on the resident's medication package revealed the directions for use were to take one , 0.25 milligram (mg) tablet every four hours as needed for . However, review of the	A 056		

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A 056	Continued From page 9 resident's . . . . . MOR revealed the directions for use were to take one tablet twice daily at 7 a.m. and 2 p.m. In addition, review of the label on the resident's plus package revealed the directions for use were to take one 8. . . mg tablet twice daily. However, review of the MOR revealed the directions were to take two tablets twice daily. Neither package had an alert label directing staff to examine the revised directions for use in the MOR and the resident's record did not contain documentation to indicate the facility requested a revised label from the pharmacy. Continued review of the resident's record revealed it contained a health care provider's order, dated , to change the , 0.25 mg to one tab twice daily and an order, dated , to change the plus to two tablets twice daily. On . . . . . at 10:54 a.m. the surveyor pointed out the discrepancies between the MOR and the prescription label for both the , ... and the plus. Caregiver A confirmed the findings for both, said the correct directions were those indicated on the MOR then she removed a roll of alert labels from the med cart and placed one on each med package. 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,	A 078		

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A 078	Continued From page 10 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 . 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 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	A 078		

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A 078	Continued From page 11 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 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 observations and interviews, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience by allowing an unlicensed caregiver (A) to administer medication to 2 of 3 sampled residents (#2 & #4.) Findings: 1. Observations made during a medication pass for resident #2 on at 10:40 a.m. revealed caregiver A removed med pkgs from the cart then while standing at the cart, she poured each med into a cup. She then crushed the meds with a pill crusher and placed them in	A 078		

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A 078	Continued From page 12 applesauce. She locked the cart then washed her . She took the mixture to the resident, who was in the dining room, then said "I'm going to give you your , med." She then spooned the mixture into the resident's and gave her a drink. Caregiver A then said to the resident "I'm gonna put the , for you" then lowered the of the resident's high wheelchair. She then removed the resident's glasses, placed one drop of the solution into each of the resident's , placed the glasses on the resident's then raised the of the wheelchair. She then sanitized her and signed the electronic MOR. The surveyor discussed the observations with the caregiver. Specifically, that the caregiver administered the meds, although not licensed to do so, and prepared them at the cart rather than in the resident's presence, as required to do so. When asked if she understood that, she nodded her up and down. 2. Observations made during a med pass for resident #4 on at 11:05 a.m. revealed caregiver A removed meds from the cart. While standing at the cart, she mixed the and the , in applesauce. She then placed the remaining meds in separate cup. She washed her . She then took both cups to the resident, who was in bed, and said "I got your and , there's two in there." She then spooned the applesauce mixture into the resident's , looked at the surveyor and said, "she's a feeder." She then looked at the resident and said, "I got your for you" then spooned the meds, one at a time, into the resident's . She then gave the resident water then she sanitized her own .	A 078		

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A 078	Continued From page 13 Despite the earlier discussion with caregiver A, she administered the meds to resident #4 and failed to prepare the meds in the resident's presence. On at 11:28 a.m. nurse E, who was working in memory care where both residents #1 and #4 lived, said sometimes she gave meds to the residents, said both residents required med administration, said she did not know unlicensed staff could not administer meds and said they were allowed to do so at that facility. On at 11:55 a.m. the observations made during the med passes was discussed with the director of nursing (DON,) who said that although caregiver A administered the medications to residents #1 and #4, she felt it still constituted assistance and was therefore a task allowed by unlicensed staff who assisted with meds. Class III	A 078		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of	A 086		

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	AL11969028	A. BUILDING: _____ B. WING _____	11/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZON BEACHSIDE LLC	1894 S PATRICK DR INDIAN HARBOR BEACH, FL 32937

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A 086	Continued From page 14 employment. Completion of the core training program between , and , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and,	A 086		

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A 086	Continued From page 15 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with	A 086		

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A 086	Continued From page 16 . . . . . or related . . . . . , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 4 of 4 sampled direct care staff who worked in the facility's secured memory care unit received 4 hours of . . . . . and Related (ADRD) continuing education annually (A, B, C & D). Findings: Review of staff A's, B's, C's, and D's personnel record revealed the following: 1. Staff A was hired on . The record contained a certificate of training, dated . . . . . , for 4 hours of ADRD continuing education. 2. Staff B was hired on . The record contained a certificate, dated . . . . . , for 4 hours of ADRD continuing education. 3. Staff C was hired on . The record contained a certificate, dated . . . . . , for 4 hours of ADRD level 2 training.	A 086		

Agency for Health Care Administration

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A 086	Continued From page 17 4. Staff D was hired on . The record contained a certificate, dated , for 4 hours of ADRD continuing education. None of the records contained documented evidence to indicate any of the staff received 4 hours of ADRD continuing education annually following their last training. On at 4:30 p.m. the human resource director confirmed the findings. Class III	A 086		