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
	AL11969656	A. BUILDING: _____ B. WING _____	11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD GARDENS SENIOR LIVING	3005 S CONGRESS AVENUE BOYNTON BEACH, FL 33426

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A 000	Initial Comments An unannounced Change of Ownership and Generator Monitoring survey was conducted from - at Courtyard Gardens Senior Living. The facility had deficiencies related to the Change of Ownership (CHOW) at the time of the survey.	A 000		
A 052	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.	A 052		

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A 052	Continued From page 1 (f) Keeping a record of when a resident receives assistance with self-administration under this 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	A 052		

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A 052	Continued From page 2 physician or health care professional with 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 , 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	A 052		

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A 052	Continued From page 3 self-administration, trained staff may prepare and 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	A 052		

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A 052	Continued From page 4 assessing a resident's condition. (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, interview and record, the facility failed to ensure that unlicensed staff who assist with the self-administration of medication follow the proper policy and procedure by taking the medication, in its previously dispensed, properly labeled container, the manufacturer, from where it is stored, and bringing it to the resident. The unlicensed staff also failed to announce the names of the medications to the residents who do not have waivers in their clinical record for 5 of 5 sampled residents observed: (Resident # 1, # 7, and #12). The findings included: a) On at 9:10 AM, an observation of the medication pass was conducted with Staff A. Staff A is an unlicensed Medication Technician, (Med Tech). She was observed assisting Resident # 1 with self-administration of medication. Staff A removed the bubble packet of medications and popped the pills into the pill cup on the medication cart in the Wellness Room. She then carried the pill cup outside into the activity area and assisted the resident with taking the medication. The following medications were popped into the pill cup: 1). Medantine 5 mg 2). D-3 5,000 IU 3). 1,000 mccu	A 052		

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A 052	Continued From page 5 4). Polyethylene [redacted] 3350 5). SOD 100 mg On [redacted] at 11:50 AM, an observation of the medication pass was conducted with Staff A. Staff A was observed assisting Resident # 1. Staff A removed the bubble packet of medications and popped the pills into the pill cup on the medication cart in the Wellness Room. The staff member went to the resident's room. The following medication was popped into the pill cup without its original packaging. 1). [redacted], Fumorate 50 mg b) On [redacted] at 11:55 AM, an observation of the medication pass was conducted with Staff A. Staff A was observed assisting Resident # 7. Staff A removed the bubble packet of medications and popped the pills into the pill cup on the medication cart in the Wellness Room. The following medication was popped into the pill cup without its original packaging: 1). Carpidopa Levidopa 25-10-180 mg c) On [redacted] at 11:55 AM, an observation of the medication pass was conducted with Staff A. Staff A was observed assisting Resident # 12. Staff A removed the bubble packet of medications and popped the pills into the pill cup on the medication cart in the Wellness Room. The following medication was popped into the pill cup without its original packaging: Staff A was observed crushing the pill and placing it in apple sauce. Staff A fed the medication to Resident # 12 with a plastic spoon: 1). [redacted], 0.5 mg On [redacted] at 12:00 PM, a side-by-side	A 052		

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A 052	Continued From page 6 interview was conducted with the Director of Nursing, (DON). She provided thee evidence of the waiver for Resident # 1 and # 12, which verify that the names of the medications do not have to be announced. She stated that Staff A should have announced the names of the medication and taken the pills in its original packages to all of the residents. On at 3:45 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class III	A 052		
A 055	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	A 055		

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A 055	Continued From page 7 kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in 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	A 055		

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A 055	Continued From page 8 medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if 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, interview and record review, the facility failed to ensure that all medications are kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times. The findings included: On at 9:10 AM, an observation was made in the secured Memory Care Wellness Room. It was revealed that a bubble packet of medication, (50 mg, , and) for Resident # 14 was left on the	A 055		

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A 055	Continued From page 9 desk in the Wellness Room. The following dates were available to dispense pills (-). The medication bubble packet was left unattended from 9:10 AM - 11:55 AM on Further observations during this period, revealed the door to the Wellness Room was never locked and remained open. The census on the secured Memory Care Unit was 20 residents. During this observation it was revealed that Resident # 1 and # 2 were observed in and out of the Wellness Room, unaccompanied. On at 12:00 PM, an interview was conducted with Staff A, the Medication Tech who was assigned in the Memory Care Wellness Room and the Director of Nursing, (DON). They were made aware that the medication had been left out unattended during this period. The DON stated that the medication should have been locked in the medication cart. On at 3:45 PM. an interview was conducted with the Administrator. He acknowledged the findings. Class III	A 055		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the	A 081		

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A 081	Continued From page 10 needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or	A 081		

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A 081	Continued From page 11 arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident [illegible], neglect, and [illegible]. The facility must use its [illegible] prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the	A 081		

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A 081	Continued From page 12 following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training. The facility failed to ensure that all new staff must complete the preservice orientation prior to interacting with residents. The facility also failed to ensure that once preservice is completed, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record for 1 of 5 sampled employee personnel records reviewed: (Staff A).	A 081		

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A 081	Continued From page 13 The findings included: On . . . . . a review of the employee personnel record was conducted. It was revealed Staff A was hired on . . . . . Staff A was hired to work as a Medication Technician, (Med Tech), on the 7:00 AM - 7:00 PM. Staff A provides direct care to residents. It was revealed that the 2-hour training certificate for preservice orientation was missing from the employee personnel file. On . . . . . at 3:45 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class	A 081		