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
	AL11967173	A. BUILDING: _____ B. WING _____	12/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN LIFESTYLE ALF OF LAKE PLACID	1297 US 27 NORTH LAKE PLACID, FL 33852

(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 re-licensure biennial survey, a limited nursing services monitoring visit, a complaint investigation (complaint number: 2021015276), and a generator monitoring were conducted at Southern Lifestyle Senior Living Center 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	A 052		

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A 052	Continued From page 1 storage. (f) Keeping a record of when a resident receives 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.	A 052		

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A 052	Continued From page 2 (g) Assisting with medications ordered by the 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.	A 052		

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A 052	Continued From page 3 (c) In order to facilitate assistance with 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	A 052		

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A 052	Continued From page 4 interpreting vital signs and evaluating or 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 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 (#13 and #14) of three sampled residents that required assistance with self-administration of medications. Findings Included: A medication pass observation was conducted for Residents #13 and #14 with Staff D on between 10:55am through 11:00am. At 10:55am, Staff D, an unlicensed Medication Technician, assisted Resident #13 with her prescribed and did not compare the medication label to Resident #13's medication observation records to ensure the correct dose was given. The medication observation records had the dose as 80milligrams (mg) and the dose on the bottle was 125mg. There was no medication label on the bottle used for Resident #13 and Staff D gave the wrong dose of the to Resident #13. At 11:00am, Staff D assisted Resident #14 with his prescribed 10mg and did not compare the medication label to Resident #14's medication observation records to ensure the correct dose was given.	A 052		

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A 052	Continued From page 5 During an interview with the Administrator, conducted on [redacted] at 02:25pm, the Administrator agreed that there was no medication label on Resident #13's prescribed [redacted]. The Administrator agreed that the [redacted] bottle contained 125mg dose of the medication and that Resident #13 had [redacted] 80mg prescribed. The Administrator agreed that licensed Nurses and unlicensed Medication Technicians were supposed to compare medication labels to residents' medication observation records to ensure that correct doses were given. Class III	A 052		
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 [redacted] the resident may have; 2. The name of the resident's health care	A 054		

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A 054	Continued From page 6 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 [redacted], the facility must, pursuant to Section 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 update Medication Observation Records (MORs) immediately each time medications were offered to four Residents (#7, #8, #9, and #10) of four sampled residents. Findings Included: A review of Resident #7's MORs, conducted on [redacted], revealed that Resident 7's MORs had medications not documented as given to the resident for the resident's prescribed [redacted], 10milligram (mg) was not documented as given on [redacted] and [redacted] at 09:00pm; [redacted] 500mg was not documented as given on [redacted], and at 09:00am; [redacted] 81mg was not documented as given on [redacted], & [redacted] at 09:00am; [redacted] 80mg was not documented as given on [redacted] and [redacted] at 09:00am and on [redacted] at 05:00pm; [redacted] 100mg was not documented as given on [redacted] at 06:30am; [redacted] was not documented as given on [redacted] and [redacted] at 09:00am and on [redacted] at 08:00pm; [redacted] 30mg	A 054		

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A 054	Continued From page 7 was not documented as given on . . . . and at 09:00am; 5mg was not documented as given on . . . . . at 09:00pm and on and at 09:00am, and on . . . . . at 09:00pm; . 75mg was not documented as given on and . . . . . at 09:00am; . . . . . 100mg was not documented as given on and . . . . . at 09:00am; and . . . . . 800mg was not documented as given on at 10:00pm. A review of Resident #8's MORs, conducted on , revealed that Resident 8's MORs had medications not documented as given to the resident for the resident's prescribed , 0.5mg on . . . . . at 01:00pm. A review of Resident #9's MORs, conducted on , revealed that Resident #9's MORs had medications that were not documented as given to the resident for the resident's prescribed . . . . 125mg on . . . . . at 09:00pm and at 02:00pm and 09:00pm; . . . . . 15mg was not documented as given on , , , and at 09:00pm; and . . . . . 50mg was not documented as given on , , and . . . . . at 08:00pm. A review of Resident #10's MORs, conducted on , revealed that Resident 10's MORs had medications not documented as given to the resident for the resident's prescribed , 300mg was not documented as given on 10//30/2021 at 02:00pm; 7.5mg was not documented as given on . . . . . at 09:00pm; and 150mg was not documented as give on . . . . . at 09:00pm.	A 054		

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A 054	Continued From page 8 During an interview with the Administrator, conducted on at 02:25pm, the Administrator agreed that Resident #7, #8, #9, and #10's MORs had medication that were not documented as given to the residents. Class III	A 054		
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 9 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 10 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 observation, record reviews, and interviews, the Facility to follow Health Care Providers orders and failed to have all medications with proper labeling for one Resident (#13) of three sampled residents that required assistance with self-administration of medications. Finding Included: An observation of the medication pass with Staff D for Resident #13, conducted on at 10:55am, revealed that Staff D was unable to compare Resident #13's label to the resident's medication observation records as the medication bottle did not have a label. The medication bottle was 125 milligram (mg) dose. Staff D gave Resident one tablet of the 125mg dose of . A review of Resident #13's medication observation records for her prescribed	A 056		

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A 056	Continued From page 11 . . . . . ., conducted on . . . . . , revealed that Resident #13 was prescribed 80mg of . . . . . before meals and at bedtime. Staff D gave the wrong dose of the medication to Resident #13. During an interview with the Administrator, conducted on at 02:25pm, the Administrator agreed that there was no medication label on Resident #13's prescribed . . . . . The Administrator agreed that the bottle contained 125mg dose of the medication and that Resident #13 had 80mg prescribed. The Administrator agreed that licensed Nurses and unlicensed Medication Technicians were supposed to compare medication labels to residents' medication observation records to ensure that correct doses were given. Class III	A 056		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. . . , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance . . , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and,	A 162		

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A 162	Continued From page 12 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written	A 162		

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A 162	Continued From page 13 statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement,	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967173	A. BUILDING: _____ B. WING _____	12/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN LIFESTYLE ALF OF LAKE PLACID	1297 US 27 NORTH LAKE PLACID, FL 33852

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A 162	Continued From page 14 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to document changes in condition in resident care records for one Resident (#7) on one sampled resident that had a change in condition. Findings Included: A record review for Resident #7, conducted on , revealed that Resident #7 had documents from a local hospital regarding the resident admission to the hospital on an unknown date. There was no documentation in Resident #7's record of what transpired that sent Resident	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A	Continued From page 15 #7 to the hospital. Resident #7 returned to the facility on an unknown date and was ordered for [illegible] due to [illegible]. There was no documentation in Resident #7's record after [illegible] regarding her health condition. Resident #7 was admitted to the facility on [illegible]. During an interview with Staff F a licensed Practical Nurse, conducted on [illegible] at 02:10pm, Staff F stated that the facility had sent Resident #7 to the hospital last month for [illegible] and [illegible] and was admitted to the local hospital for [illegible] care. Staff F stated that upon Resident #7's return to the facility was ordered for [illegible] related to [illegible]. Staff F was unable to show any documentation of the events that led to Resident #7 admission to the local hospital and stated that the events occurred while she was off duty. During an interview with Resident #7's responsible party, conducted on [illegible] at 07:50am, revealed that Resident #7 was sent to a local hospital on [illegible] at approximately 07:30pm for complaints of a racing [illegible], slow breathing, left arm [illegible], fatigue, shaky [illegible], and arms, and [illegible]. During an interview with the Administrator, conducted on [illegible] at 04:00pm, the Administrator agreed that the events around Resident #7's hospitalization and changes in condition were not documented in the resident's record. Class III	A 162		