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 _____	R 01/25/2022

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 A revisit to an Extended Congregate Care (ECC) monitoring visit was conducted at Zon Beachside LLC on . The facility had deficiencies at the time of the survey.	{A 000}		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

AHCA Form 3020-0001

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

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interview, the facility failed to follow health care provider's medication orders for 1 of 4 sampled residents (#5). Findings: Review of resident #5's record revealed a facility admission date of . An 1823, dated , indicated the resident's diagnoses included , , , generalized , , and , , . A health care provider's order on the same 1823 indicated to discontinue the scheduled	A 025		

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A 025	Continued From page 2 and give oral powder for reconstitution, one applicatorful by daily, as needed. However, observations made on at 9:42 a.m. revealed nurse I gave the resident mixed in cranberry juice. Review of the resident's Medication Observation Record (MOR) revealed the entry was dated , its directions for use were to give it every morning, and it was signed as given every day from through . Therefore, the medication was being given scheduled and not as needed, as was ordered. The resident's record contained a health care provider's order, dated , to discontinue the morning dose of and to hold the 8 p.m. dose of , 12.5 milligrams (mg) if was less than or equal to 110 and/or rate less than or equal to 55. Observations made on at 9:42 a.m. revealed nurse I gave the to resident #5. Review of the resident's , MOR revealed the entry was scheduled to be given daily at 8 a.m., and not 8 p.m., as ordered. On at 2 p.m., the assistant director of nursing confirmed the findings and was unable to provide additional documentation. Class III	A 025		
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;	A 054		

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A 054	Continued From page 3 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 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 reviews and interviews, the facility failed to ensure a Medication Observation Record (MOR) was updated to accurately reflect which staff gave medications to 1 of 4 sampled residents (#2). Findings: Review of resident #2's 1823, dated [redacted], revealed the resident's diagnoses included	A 054		

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A 054	Continued From page 4 , , and .	A 054		

On at 12:53 p.m., a review of the resident's MOR revealed that although the resident required medication administration, unlicensed staff signed that they gave the resident's meds. The DON confirmed this and said the unlicensed staff prepared the resident's meds then a nurse would administer them to the resident. She said that although both the nurses and the unlicensed staff had the ability to sign the electronic MORs, it was too much effort for the unlicensed staff to sign-off the computer and for the nurse to then sign-on so the nurse could sign the MOR. The DON said she believed a nurse stood next to the unlicensed staff while they prepared the medications but, she could not be certain since she was not present herself.

On at 1:30 p.m., staff J, a nurse, said resident #2 required medication administration. Staff J last worked with the resident on and said she prepared the resident's meds herself and administered them but, she did not sign the MOR because she never thought about it.

On at 1:37 p.m., staff L, a nurse, said when she worked, she watched the unlicensed staff prepare resident #2's meds then either she or the unlicensed staff would give them to the resident.

On at 2:55 p.m., staff A, an unlicensed caregiver, said when a nurse gave resident #2 meds, staff A was signed on the computer so when the nurse signed the MOR, it was staff A's initials that showed on the MOR.

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A 054	Continued From page 5 Class III	A 054		
{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 . . . . . 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.	{A 078}		

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{A 078}	Continued From page 6 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 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: DEFICIENCY REMAINED UNCORRECTED Based on observations, record reviews, 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 untrained staff to assist 1 of 4 sampled residents with medications (#5).	{A 078}		

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{A 078}	Continued From page 7 Findings: Observations made during a medication pass for resident #5 on [redacted] at 9:42 a.m. revealed the resident was sitting at a dining room table in the memory care unit. Staff I, a nurse, used an electronic cuff to check the resident's [redacted] in her right arm. The result was [redacted]. The nurse went to the medication cart then unlocked it. She removed four medication packages then popped one pill from each into a cup. She retrieved a glass of cranberry juice then poured a capful of [redacted] powder into the juice then stirred it. She removed a [redacted] patch from its sleeve then wrote the current date on it. She poured the four tablets into a plastic sleeve then used a crushing device to crush them all. She then mixed them with pudding. She locked the cart then took the mixture to the resident at a dining room table. She told the resident that she had her medications. The nurse spooned the mixture into the resident's [redacted]. The nurse removed a [redacted] patch from the resident's upper [redacted] then applied a new one to the resident's left upper [redacted]. The nurse placed the glass with juice and [redacted] in front of the resident, then she returned to the nurse's station. She signed the E-MAR. At 10 a.m., the nurse instructed staff G, an activities assistant, to make sure the resident drank the juice because it contained [redacted]. Staff G went to the resident and verbally instructed the resident to drink it. At 10:04 a.m., staff G walked out of the dining room and the juice/ [redacted] remained in front of the resident.	{A 078}		

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{A 078}	Continued From page 8 At 10:05 a.m., staff G returned to the resident's table and instructed the resident to drink the juice. She then assisted another resident out of the dining room. The juice was left unsecured and in front of the resident. At 10:07 a.m., nurse I went to the resident and put the glass to the resident's [illegible] and the resident drank it. At 10:08 a.m., staff G said she did not receive training on providing assistance with medications. At 10:10 a.m., the findings were discussed with nurse I. Review of staff G's personnel record revealed it did not contain documentation to indicate staff G was ever trained on assisting with medications. Class III	{A 078}		
	Class III			
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency.	CZ814		

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CZ814	Continued From page 9 (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic , submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on review of the facility's online background clearinghouse employee roster and interview, the facility failed to update the employee roster within 10 business days of a change in employment for 1 of 11 sampled staff (G). Findings: On at 11:21 a.m., a review of the facility's clearinghouse employee roster revealed staff G was not listed. On at 11:40 a.m., the facility administrator said staff G was hired on . He said he was responsible for updating the roster and he just forgot to add staff G. On at 11:49 a.m., the administrator said he added staff G to the roster. Review of the	CZ814		

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CZ814	Continued From page 10 roster revealed she was added on the day of the survey, and she was background eligible on . . . . . . Unclassified	CZ814		