

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968334	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/20/2021
NAME OF PROVIDER OR SUPPLIER SUMTER PLACE IN THE VILLAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 1550 KILLINGSWORTH WAY THE VILLAGES, FL 32162		
(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 unannounced complaint survey, complaint number 2021013448, was conducted at Sumter Place in the Villages on Deficient practice was identified during the survey.	A 000			
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , . . . not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff	A 056			

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 056	Continued From page 1 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 dispensed in the manufacturer's labeled package, they must be kept in a container that bears a	A 056			

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A 056	Continued From page 2 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 record review and interview the facility failed to ensure assistance with self-administration of medications was provided per the physician's orders for 2 of 3 residents, Residents #1 and #2. Findings: Review of Resident #1's physician orders dated read VIT [] D 2 caps 50,000 iu [international units]. Take 1 capsule by once weekly for supplement of D. Record review of Resident #1's Medication Observation Record (MOR) for showed Vit D 2 50,000 iu capsules were administered daily for 7 consecutive days, dated through at 9:00 AM. Review of Resident #2's physician order dated read [] (used to treat symptoms of 's) 200 mg [milligram] tab/Entacap [] used in combination with / to treat	A 056		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SUMTER PLACE IN THE VILLAGES

**1550 KILLINGSWORTH WAY
THE VILLAGES, FL 32162**

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A 056	Continued From page 3 wearing off in patients with 's] give 1 tablet by four times daily, Record review of Resident #2's MOR for documented / 200 mg tab/Entacap was provided three times a day at 8AM, 2PM and 8PM per the signing of the staff from through During an interview conducted on at 4:00 PM the Wellness Director acknowledged the medication error for the D provided to Resident #1 daily instead of weekly as ordered. During an interview conducted on at approximately 4:00 PM the Corporate Administrator confirmed the physician's order for the medication frequency of / 200 tab/Entacap on the MOR was to be four times a day and was provided three times a day which did not follow the physician's order. Review of the policy and procedure titled, "Informed Consent To Assistance With Medication By Unlicensed Personnel-Florida", Original date with a revision date of read, "Bringing the resident's medications to the resident; reading a prescription label and helping to remove a prescribed amount of medication from the container; and keeping a record of medications that the resident has self-administered." Class III	A 056		