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
	AL11968583	A. BUILDING: _____ B. WING _____	R 03/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANJOLE ALF INC	646 NW 129 PLACE MIAMI, FL 33182

(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 second revisit to a change of ownership survey was conducted at Anjole ALF, LLC on [redacted] to [redacted]. The provider had deficiencies identified at the time of the visit.	{A 000}		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including [redacted] testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment.	A 053		

AHCA Form 3020-0001

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

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A 053	Continued From page 1 Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a staff member licensed to administer medications was available to administer medications for three out of six sampled residents (Resident #7, Resident #8 and Resident #9). Findings included: On at 10:03 AM, Staff C (caregiver) stated that there were three dependent residents at the facility, but they administered the themselves. On at 10:35 AM, Resident #7 stated that she administered her as well to her parents, Resident #8 and Resident #9. On at 10:28 AM, Resident #8 stated that she checked her level and her daughter [Resident #7] helped her to inject in her belly. On at 10:29 AM, the Administrator stated that Resident #7, Resident #8 and Resident #9 were admitted on and they were independent to inject their own . On at 12:33 PM, Resident #9 stated that his daughter [Resident #7] put him the in his belly.	A 053		

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A 053	Continued From page 2 Review of Resident #7's health assessment completed showed medical history and diagnoses of type II, due to car accident 1999, ( ), of time. Resident required supervision with ambulation and transferring, and assistance with bathing, , self-care (grooming) and toileting. The resident needed assistance with self-administration of medication. Review of Resident #8's health assessment completed showed medical history and diagnoses of ( ), ( ) type II, , history (hx) with right side affected 2017. The resident required assistance with all activities of daily living: ambulation, bathing, , eating, self-care (grooming), toileting, and transferring. The resident needed assistance with self-administration of medication. Review of Resident #9's health assessment completed showed medical history and diagnoses of type II, , ( ) and , (2012). The resident needed supervision with ambulation and assistance with bathing, , eating, self-care (grooming), toileting, and transferring. The resident needed assistance with self-administration of medication. On at 11:46 AM, during a telephone interview with Resident #7, Resident #8 and Resident #9's APRN (Advanced Practice Registered Nurse) he stated that Resident #7 could administer her own , but it would be better than a nurse does it. The APRN further stated that Resident #7 had a car accident and suffered some , and she took a lot of	A 053		

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A 053	Continued From page 3 medications, So he would not think she should inject her parents or anyone else. Class III	A 053		
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 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 , 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.	A 054		

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A 054	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain an accurate daily medication observation record (MOR) for each resident who receives assistance with self-administration and administration of medications that include the name and telephone number of the resident's physician and any known [illegible] the resident may have for three out of six sampled residents (Resident #7, Resident #8 and Resident #9). Findings included: On [illegible] at 10:03 AM Staff C (caregiver) stated that there were three [illegible] dependent residents at the facility, but they administered the [illegible] themselves. On [illegible] at 10:35 AM Resident #7 stated that she administered her [illegible] as well to her parents, Resident #8 and Resident #9. Review of the MOR for Resident #7, Resident #8 and Resident #9 showed initials for [illegible] doses was from Staff C. On [illegible] at 11:00 AM, Staff C confirmed that it was her initials and that she signed the MOR after Resident #7 finished administration of [illegible] for her and her parents. Further review of the MOR for Resident #7, Resident #8 and Resident #9 showed that name and telephone number of the residents' physician was not documented. Also, review of Resident #7's MOR showed that Resident #7 had been identified as with "No Known Drug [illegible]." Review of Resident # 7's health assessment completed [illegible] revealed that Resident #7	A 054		

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A 054	Continued From page 5 had [illegible] to [illegible] and [illegible]. Class III	A 054		
A 055 SS=D	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 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	A 055		

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A 055	Continued From page 6 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 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	A 055		

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A 055	Continued From page 7 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 and interview, the facility failed to keep medications secured at all times. Findings Included: Observation on at 10:05 AM showed unlocked medication inside the refrigerator. The unlocked medications included injectable for Resident #7, Resident #8 and Resident #9. On at 12:39 PM, the Administrator stated that Staff C got nervous and began to throw in the in the fridge. Class III	A 055		