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 |
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| | AL11963919 | A. BUILDING: _____ B. WING _____ | R 03/21/2022 |

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| {A 000} | Initial Comments<br><br>A fourth revisit to biennial survey, extended congregate care monitoring visit, and generator monitoring and a second revisit to complaint investigation (complaint number: 2021014481) were conducted at Harborchase on . Deficiencies were identified at the time of survey. | {A 000} | | |
| {A 053} SS=D | 59A-36.008(4) FAC Medication - Administration<br><br>(4) MEDICATION ADMINISTRATION.<br>(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.<br>(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.<br>(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.<br>(d) A facility that performs clinical laboratory tests for residents, including 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 State Clinical Laboratory License, if required, and the federal CLIA Certificate must be maintained in the facility. A state license or federal CLIA certificate is not required if residents perform the test themselves or if a third party | {A 053} | | |

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| {A 053} | Continued From page 1<br><br>assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the State Clinical Laboratory License and federal CLIA Certificate is available from the Laboratory Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to administer medications per nursing standards of medication administration and standards of control for two Residents (#1 and #2) of two sampled residents.<br><br>Findings Included:<br><br>During an observation of the medication pass with Staff A (a licensed Nurse) for Resident #1, conducted on at 11:02am, Surveyor was unable to observe pulling of correct medications for correct resident or the comparison of the medication labels to the Medication Observation Records as Staff A had the medications (Bene- , Probiotic, 20mg, 100mg, and 10MeQ) pre-poured when she retrieved the Surveyor to observe the medication pass and escorted the Surveyor to the resident's room. Upon returning to the medication room, Staff A did not sign Resident #1's medications as given.<br><br>A review of Resident #1's Medication Observation Records, conducted on , revealed that Resident #1's Bene- , Probiotic, | {A 053} | | |

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| {A 053} | Continued From page 2<br><br>20mg, [redacted] 100mg, and [redacted] were due at 08:00am and all these medications were documented as given. Staff A gave Resident #1 his medication outside of the standard timeframe of one hour before or one hour after a medication was scheduled. Resident #1 had [redacted] and [redacted] Solution also due at 08:00am and these were also signed as given.<br><br>During an interview with Staff A, conducted on [redacted] at 11:06am, Staff A stated that Resident #1's was not available for his medications at 08:00am. When questioned regarding the reason that the [redacted] medications were not given with Resident #1's oral medications, Staff A stated that she gave the [redacted] medications this morning. Staff A was unable to explain the reason that Resident #1 was available for his [redacted] medications but not his oral medications.<br><br>Another medication pass observation with Staff A for Resident #2, conducted on [redacted] at 11:08am, Staff A [redacted] and [redacted] R [redacted] medications from the medication cart and did not compare the medication labels to the Medication Observation Records. Staff A did not provide Resident #2 privacy when she administered Resident #2's [redacted] in her abdomen. Staff A had Resident #2 pull up her dress which exposed her underwear. The medication room had double doors which were propped open and there were male and female residents, visitors, and/or staff that kept walking by the open doors and in and out of the medication room.<br><br>During an interview with the Health and Wellness Director, conducted on [redacted] at 03:45pm, | {A 053} | | |

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| {A 053} | Continued From page 3<br><br>the Health and Wellness Director agreed that Nurses should be comparing medication labels to the Medication Observation Records and signing medications as given when they give the medications and not hours before giving the medications. The Health and Wellness Director agreed that the standard timeframe to give medications was one hour before and one hour after the medication was scheduled. The Health and Wellness Director stated that the staff should have provided privacy when Resident #2's body was exposed.<br><br>Class III | {A 053} | | |
| {A 054} SS=D | 59A-36.008(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(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.<br>(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:<br>1. The name of the resident and any known<br>the resident may have;<br>2. The name of the resident's health care provider and the health care provider's telephone number; | {A 054} | | |

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| {A 054} | Continued From page 4<br><br>3. The name, strength, and directions for use of each medication; and,<br>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to maintain Medication Observation Records (MORs) with all required data and failed to immediately update MORs each time medications were offered for seven Residents (#1, #2, #3, #4, #5, #6, and #8) of seven sampled residents who required assistance with self-administration of medications.<br><br>Findings Included:<br><br>A MORs review for Resident #1, conducted on . . . . . at 11:30am, revealed that Resident #1's MORs had medications ( . . . . . 0.4mg, . . . . . 100mg, and , , Solution) documented as given on . . . . . at 08:00pm which had not happened yet.<br><br>A MORs review for Residents #2, #3, #4, #6, and #8, conducted on . . . . . , revealed that Residents #2, #3, #4, #6, and #8's MORs did not include the name or telephone number of their health care provider.<br><br>A MORs review for Resident #5, conducted on , revealed that Resident #5 had medication that were not documented as | {A 054} | | |

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| {A 054} | Continued From page 5<br><br>given or offered to the resident. On . . . . . , Resident #5's prescribed , 40mg and . . . . . were not documented as given at 08:00am. On and , Resident #5's prescribed . . . . . was not documented as given at 08:00pm.<br><br>During an interview with the Health and Wellness Director, conducted on . . . . . at 03:45pm, the Health and Wellness Director agreed that Residents #2, #3, #4, #6, and #8's MORs did not have their health care provider's name or telephone number. The Health and Wellness Director agreed that Resident #1's MORs had medications that were documented as given even though the time to give the medications had not occurred yet. The Health and Wellness Director agreed that Resident #5 had medications that were not documented as given to the resident.<br><br>Class III | {A 054} | | |
| {A 055} SS=D | 59A-36.008(6) FAC Medication - Storage and Disposal<br><br>(6) MEDICATION STORAGE AND DISPOSAL.<br>(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.<br>(b) Both prescription and over-the-counter medications for residents must be centrally stored | {A 055} | | |

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| {A 055} | Continued From page 6<br>if:<br>1. The facility administers the medication;<br>2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request;<br>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;<br>4. The resident fails to maintain the medication in a safe manner as described in this paragraph;<br>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<br>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.<br>(c) Centrally stored medications must be:<br>1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;<br>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;<br>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,<br>4. Kept separately from the medications of other residents and properly closed or sealed. | {A 055} | | |

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| {A 055} | Continued From page 7<br><br>(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.<br>(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).<br>(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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the Facility failed to keep medications centrally always stored in a locked cart for two Residents (#1 and #14) of two sampled residents who required assistance with self-administration of medications. | {A 055} | | |

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| {A 055} | Continued From page 8<br><br>Findings Included:<br><br>During an observation of Resident #1's room, conducted on [redacted] at 10:20am, Resident #1 had the entry door to his room propped open and there was no one in the room. On the counter in the kitchenette there was a box of [redacted] over the counter and Bene- [redacted] medications that were not locked/secured. At 11:02am, Staff A encountered Resident #1 walking with a walker in the hallway returned to his room. Staff A entered Resident #1's room after the resident to provide the resident with his prescribed medications. Staff A left Resident #1's room after the medications were provided to the resident and did not remove the medications from the room. At 01:25pm, while Staff A performed extended congregate service for Resident #14, there was two bottles of medication at the resident's chairside which included a [redacted] and a generic [redacted] relief [redacted]. Staff A left the medications on the table by Resident #14's chair that he was sitting in when she left the resident's room.<br><br>A record review for Resident #1, conducted on [redacted], revealed that Resident #1 required assistance with self-administration of medications according to the resident's most recent health assessment.<br><br>A record review for Resident #14, conducted on [redacted], revealed that Resident #14 req1uired assistance with self-administration of medications and was a high risk for [redacted] according to the resident's most recent health assessment dated [redacted].<br><br>During an interview with the Health and Wellness Director, conducted on [redacted] at 03:56, the | {A 055} | | |

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| {A 055} | Continued From page 9<br><br>Health and Wellness Director agreed that Resident #1 and #14 required assistance with medications and stated that neither should have medications in their rooms.<br><br>Class III | {A 055} | | |
| {A 056} SS=D | 59A-36.008(7) FAC Medication - Labeling and Orders<br><br>(7) MEDICATION LABELING AND ORDERS.<br>(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:<br>1. The resident's name; and,<br>2. The identification of each medicinal drug in the container.<br>(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.<br>(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 | {A 056} | | |

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| {A 056} | Continued From page 10<br>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.<br>(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.<br>(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.<br>(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.<br>(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 | {A 056} | | |

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| {A 056} | Continued From page 11<br><br>kept in a container that bears a label containing the following:<br>1. Practitioner's name,<br>2. Resident's name,<br>3. Date dispensed,<br>4. Name and strength of the drug,<br>5. Directions for use; and,<br>6. Expiration date.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations, record reviews, and interviews, the facility failed to provide medications according to health care provider's orders for two Residents (#1 and #6) of two sampled residents who required assistance with self-administration of meds.<br><br>Findings Included:<br><br>During a med pass observation with Staff A (licensed Nurse) for Resident #1, conducted on at 11:02am, Staff A gave Resident #1 his prescribed medications that were scheduled for 08:00am which included 20mg, 100mg, Bene-, and a Probiotic.<br><br>During an interview with Staff A, conducted on at 11:02am, Staff A stated that Resident #1's 20mg, 100mg, Bene-, and a Probiotic were the residents morning medications and Resident #1 was not available when the medications were due at 08:00am. | {A 056} | | |

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| {A 056} | Continued From page 12<br><br>A record review for Resident #1, conducted on [redacted], revealed that Resident #1's Medication Observation Records had the resident's prescribed medications [redacted] 20mg, [redacted] 100mg, Bene- [redacted], and a Probiotic scheduled to be given at 08:00am. There was no documentation that the resident received these medications late. There were no orders for Resident #1's health care provider to change the times that his prescribed medications were due. There was no notification to Resident #1's health care provider that the resident received his medications late or at a different time than the medications were scheduled.<br><br>A record review for Resident #6, conducted on [redacted], revealed that Resident #6's Medication Observation Records had a note attached that stated for the unlicensed Medication Technicians to make sure that Resident #6's [redacted] were given as ordered due to an [redacted] at dangerous levels. Resident #6 had [redacted], 500mg prescribed to take one tablet every day and should have eleven doses given. A pill count revealed that there were ten doses that were given to Resident #6 and that the resident missed one dose of the [redacted]. There was no documentation in the Resident 6's record that his health care provider was notified of the missed dose of [redacted].<br><br>During an interview with Staff C, conducted on [redacted] at 11:38am, Staff C agreed that it appeared that Resident #6 missed one dose of his prescribed [redacted], [redacted] medications.<br><br>During an interview the Health and Wellness Director, conducted on [redacted] at 03:45pm, after reviewing Resident #6's [redacted], | {A 056} | | |

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| {A 056} | Continued From page 13<br><br>medication pack and the resident's Medication Observation Records, the Health and Wellness Director agreed that Resident #6 missed one dose of his prescribed , medication. The Health and Wellness Director was unable to provide any documentation that Resident #6's health care provider was notified that he missed his prescribed dose of for his dangerous levels. The Health and Wellness Director agreed that there was one hour before and one hour a scheduled medication time that the medication could be given.<br><br>Class III | {A 056} | | |
| {A 058} SS=D | 429.42{ } FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies<br><br>429.42 Pharmacy and dietary services.-<br>(1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.<br>(2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication | {A 058} | | |

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| {A 058} | Continued From page 14<br><br>must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening.<br><br>58A-5.033(3)<br>(3) EMPLOYMENT OF A CONSULTANT.<br>(a) Medication Deficiencies.<br>1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency.<br>2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.<br>3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written | {A 058} | | |

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| {A 058} | Continued From page 15<br>notification of such determination.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to ensure that all medication concerns were corrected as required (Cross Reference: A0052, A0053, A0054, A0055, and A0056).<br><br>Findings Included:<br><br>A review of the employed or . . . . . licensed Pharmacist or Registered Nurse Consultant, conducted on . . . . . , revealed that the there was a licensed Pharmacist which included a Registered Nurse Consultant . . . . . with no dated of the contract provided. The Consultant had not performed any services to assist the facility to become compliant with medication practices as cited during surveys conducted on , , , and . . . . . . The Consultant did send an email on that stated that they had received a copy of the statement of deficiencies. There was no re-education for licensed Nurses or unlicensed Medication Technicians. There were no assessments or findings of medication practice issues.<br><br>Due to the uncorrected Class III deficiencies concerning the facility's medication practices, the facility shall be required to employ or contract with a licensed Pharmacist Consultant or Registered Nurse Consultant. The Consultant shall at a minimum, provide onsite quarterly consultation until the inspection team from the Agency determines that such consultation services are no longer required. | {A 058} | | |

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| {A 058} | Continued From page 16<br><br>This written statement serves as notification of the above stated requirement.<br><br>During an interview with the Health and Wellness Director, conducted on [redacted] at 02:45pm, the Health and Wellness Director was unable to provide evidence that that the [redacted] licensed Pharmacist or Registered Nures Consultant had performed any service to assist the facility to become compliant with medication practices.<br><br>Class III | {A 058} | | |
| {AE207} SS=D | 59A-36.021(7) FAC ECC - Services<br><br>(7) EXTENDED CONGREGATE CARE SERVICES. All services must be provided in the least restrictive environment, and in a manner that respects the resident's independence, privacy, and dignity.<br>(a) A facility providing extended congregate care services may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self-directed activities, and volunteer services. Family or friends must be encouraged to provide supportive services for residents. The facility must provide training for family or friends to enable them to provide supportive services in accordance with the resident's service plan.<br>(b) A facility providing extended congregate care services must make available the following additional services if required by the resident's service plan:<br>1. Total help with bathing, [redacted], grooming and | {AE207} | | |

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| {AE207} | Continued From page 17<br>toileting,<br>2. Nursing assessments conducted more frequently than monthly,<br>3. Measurement and recording of basic vital functions and [illegible],<br>4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident's food and fluid intake and output,<br>5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider's order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed persons will be providing such assistance, obtain the resident's or the resident's surrogate, guardian, or attorney-in-fact's informed written consent to provide such assistance as required in section 429.256, F.S.,<br>6. Supervision of residents with [illegible] and [illegible],<br>7. Health education and counseling and the implementation of health-promoting programs and preventive regimes,<br>8. Provision or arrangement for rehabilitative services; and,<br>9. Provision of escort services to health-related [illegible].<br>(c) Nursing staff providing extended congregate care services may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility's written policies and procedures, provided the nursing services are:<br>1. Authorized by a health care provider's order and pursuant to a plan of care,<br>2. Medically necessary and appropriate for treatment of the resident's condition, | {AE207} | | |

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| {AE207} | Continued From page 18<br>3. In accordance with the prevailing standard of practice in the nursing community,<br>4. A service that can be safely, effectively, and efficiently provided in the facility,<br>5. Recorded in nursing progress notes; and,<br>6. In accordance with the resident's service plan.<br>(d) At least monthly, or more frequently if required by the resident's service plan, a nursing assessment of the resident must be conducted.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to provide nursing services in accordance with the prevailing standard of practice for [redacted] maintenance and management for one Resident (#14) of one sampled resident admitted to the facility extended congregate care (ECC) services for [redacted] maintenance and management.<br><br>Findings Included:<br><br>During an observation with Staff A (a licensed Nurse) for Resident #14's ECC services, conducted on [redacted] at 01:25pm, Staff A obtained supplies needed cleanse Resident #14's [redacted] insertion site. Staff A did not wash her [redacted] or put on gloves and assisted the resident with pulling his pants down. Staff A touched the tube and pulled the skin apart at the insertion site with bare [redacted]. The skin at the insertion site was extremely red. Staff A then washed her [redacted] and put on gloves. Staff A dropped the normal [redacted] wash canister onto the floor and picked it up and sprayed the [redacted] onto gauze and the solution dripped onto the floor. There was no cap or cover on the [redacted] canister when it touched the floor. Staff A did not [redacted] the contaminated canister or retrieve another | {AE207} | | |

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| {AE207} | Continued From page 19<br><br>canister. Staff A wiped the insertion site with the soaked gauze. There was greenish drainage that came for the insertion site noted on the white sponge. Staff A did not wash her or obtained clean gloves when she retrieved a clean drain sponge gauze and place over the site. Staff A<br><br>During an interview with Staff A (a licensed Nurse), conducted on at 01:30pm, Staff A stated that Resident #14 did not have a change to his site.<br><br>A record review for Resident #14, conducted on , revealed that Resident #14 was admitted to the facility's ECC services on for maintenance and management. Resident #14's site change was not noted on his Medication Observation Records. A review of health care provider orders revealed that there was an ongoing order dated for the facility's Nursing staff to cleanse the insertion site and cover with a drainage sponge twice every day. A review of the frequent ECC Nurse's notes at 03:30pm, revealed that there was no documentation regarding the greenish drainage or extremely red site. There was no evidence that Staff A notified Resident #14's health care provider related to the resident's insertion site condition change.<br><br>During an interview with the Health and Wellness Director, conducted on at 03:45pm, the Health and Wellness Director was unaware of Resident #14's insertion site condition change and was unable to provide evidence that the resident's health care provider was made | {AE207} | | |

Agency for Health Care Administration

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| {AE207} | Continued From page 20<br><br>aware of the change in condition. The Health and Wellness Director confirmed that Resident #14's [redacted] change was ordered twice every day and was unaware that staff were not providing the [redacted] changes as ordered. The Health and Wellness Director agreed that the was no documentation in Resident #14's record regarding the change in condition with his [redacted] site and stated that the staff sometimes will document at the end of the shift. The Health and Wellness Director agreed that the [redacted] change did not follow [redacted] control standards of practice.<br><br>Class III | {AE207} | | |