

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/02/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NOBLE HOUSE SENIOR LIVING

**6561 SAN JUAN AVENUE
JACKSONVILLE, FL 32210**

(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 a complaint survey (complaints 2021004617, 2021007152, 2021007241, and 2021011622) was conducted at Noble House Senior Living on Deficient practice was identified at the time of the survey.	{A 000}		
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	A 054		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER NOBLE HOUSE SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 6561 SAN JUAN AVENUE JACKSONVILLE, FL 32210		
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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure facility procedures for medication records were followed for 4 of 4 residents sampled who received assistance with self-administration of medication. The findings include: On at 11:05am Employee C (a Med Tech) was observed at the Med Cart. She was asked if she was preparing to provide assistance with self-administration of medication to which she replied, "yes." The following was observed: At 11:05am Employee C approached Resident #1 with the medication cart stating it was time for his noon medication. She consulted the medication observation record (MOR), pulled the medication cards from the drawer, compared it with the MOR several times, popped the pills into a pill cup retrieved from the top of the medication cart then initialed the MOR and returned the medication card to the drawer. She handed the pill cup and water to the resident. The resident put the pills into his and drank the water. She thanked him and proceeded to move to the next resident. At 11:10am Employee C rolled the medication cart across the dining room and approached Resident #2. She told him it was time for his afternoon medication. She pulled the medication card from the drawer on the med cart. She compared the medication card to the MOR several times, popped the pill into a pill cup retrieved from the top of the medication cart, initialed the MOR then poured a cup of water from a pitcher on the med cart. She watched the	A 054			

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A 054	Continued From page 2 resident take the medication then asked if there was anything else he needed. The resident replied, "no". At 11:14am Employee C rolled the medication cart across the dining room and approached Resident #3 with the medication cart. She pulled the medication card from the drawer on the medication cart. She compared the medication card to the MOR several times, popped the pill into a pill cup retrieved from the top of the cart then initialed the MOR and returned the medication card to the drawer. She approached the resident, introducing the medication. The resident took the medication without issue. She asked if there was anything else he needed. He shook his head indicating "no." At 11:19am Employee C rolled the medication cart across the room and approached Resident #4 with the medication cart. She told her it was time for her medication. She pulled the medication from the drawer on the cart. She compared the medication card to the MOR several times, popped the pill into a pill cup retrieved from the top of the cart, initialed the MOR then returned the medication card to the drawer. She poured a cup of water from a pitcher on top of the cart. She approached the resident with both cups and introduced the medication. She placed the pill cup into the resident's cup. The resident put the pills into her cup. The staff handed her the water. The resident took the pills without issue. An interview was conducted on _____ at 11:21am with Employee C after she completed the assistance with self-administration of medication. She was asked to explain assistance with self-administration process. She stated she	A 054			

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A 054	Continued From page 3 pulls the medication card and compares it to the MOR three times. She stated she verifies that it is the right pill, the right dose, and the right resident. She then pops the pill(s) into the pill cup then signs the MOR. She stated she was told to do this prior to giving the resident the medication because once she pops the pill, she becomes responsible for the medication. She confirmed that she attended the in-service on Assistance with Self-Administration of Medication held in the facility on During an interview on at 3:30pm with Employee D, a Med Tech, she stated she is qualified to perform her job duties as a Med Tech and that she received updated training on on Providing Assistance with Self-Administration of Medication. She was asked to explain the assistance with self-administration of medication process. She stated twice during the interview that the MOR is signed prior to giving the resident the medication. She stated if the resident refuses, she would go and document "refuse" on the MOR. On at 5:02pm the Director stated that Employee C had informed her that she signed the MOR prior to providing assistance with self-administration of medication and that this was observed by the surveyor. The Director apologized and acknowledged this was not the proper procedure and that the correct process was reviewed in the training she provided to staff in Assistance with Self-Administration of Medication training held in the facility on CLASS III	A 054			