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
	AL11969624	A. BUILDING: _____ B. WING _____	03/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN SWAN BY THE LAKE ALF	17331 SPRING TREE LANE BOCA RATON, FL 33487

(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 Relicensure and Generator Monitoring survey was conducted at Golden Swan by the Lake ALF on . The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 056	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		

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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 observation, record review, and interview, the facility failed to assist with self-administration of medications for 1 of 5 sampled residents, Resident #4, by failing to follow physician orders as written. The findings included: Review of the record revealed Resident #4 was admitted to the facility on with a diagnosis of and 's . . . . . The Resident Health Assessment record (AHCA form 1823) dated . . . . . documented Resident #4 required Medication Management and assistance with self-administration of medication. In an observation conducted on at 9:10 AM, the Administrator was assisting Resident #4 with her medications. However, it was noted during review of the Medication Observation Record (MOR) that Resident #4 had medications to be administered at 8:00 AM, 11:00 AM, 3:00 PM, 5:00 PM, and on irregular days.	A 056		

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A 056	Continued From page 3 Review of the medications were written as follows on the Pharmacy generated MOR for [redacted]: 1) [redacted], 10 milligrams (mg) [redacted], take 1 [redacted], every other day. The date of the order on the MOR was [redacted]. The indication for the use of this medication is [redacted]. Further review of the MOR revealed it was signed off daily at 8:00 AM and not every other day as ordered by the physician. Further review of the MOR revealed there was no 'X' in alternate slots or other way to indicate the medication was to be administered every other day, therefore the medications was being administered and signed off daily. In an interview conducted on [redacted] at 12:32 PM, the Administrator confirmed she had made an error. She stated she was supposed to sign the MOR every other day. 2) [redacted], 25-100 mg oral tab, take 1 tab five times a day. The date of the order on the MOR was [redacted]. The indication for the use of this medication is [redacted]'s [redacted]. Review of the MOR revealed it was administered and signed off at 8:00 AM, 11:00 AM, 3:00 PM, and 5:00 PM, 4 times daily and not 5 times daily as ordered by the physician. In a follow-up interview on [redacted] at 12:35 PM, the Administrator stated she did not realize it was supposed to be administered 5 times a day because the pharmacy delivered the MOR with only 4 time slots listed, therefore she overlooked it. She stated she will contact the Pharmacy to have the error corrected. 3) [redacted] ( ) patch 4.6 mg/24 hours,	A 056		

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A 056	Continued From page 4 use 1 patch once a day. The date of the order on the MOR was . The indication for the use of this medication is . . . . . Further review of the MOR revealed there was no time slot documented and no initials documented that the medication was being administered daily as ordered. The entire month of . . . . . was blank indicating this medication was never provided to the resident as ordered by the physician. During an interview with a Pharmacy Representative from the Pharmacy with the Administrator on speaker phone on at 9:25 AM, the Pharmacy Representative confirmed that there should have been another time slot added for the medication , - , which was supposed to be administered 5 times rather than 4 times daily. During the exit conference with the Administrator on at 4:00 PM, she stated she has been using the prepackaged 'bingo packs' provided from the pharmacy to administer the medications which are pre-labeled as morning, noon, and night. She stated she will have the issues corrected. Class III	A 056		
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall	CZ830		

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CZ830	Continued From page 5 submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license.	CZ830		

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CZ830	Continued From page 6 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have an approved Comprehensive Emergency Management Plan (CEMP) for review	CZ830		

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CZ830	Continued From page 7 upon request from the local county Emergency Management Division. The findings included: On a request was made to the Administrator to review the facility approved CEMP from the local county Emergency Management Division. The Administrator confirmed the previous CEMP approval was not available for review. In contacting a representative from the county Emergency Management Division via telephone, it was revealed the facility's last CEMP approval date was . On , the Administrator produced a receipt from the local county Emergency Management Division dated , documenting receipt of payment for review. Further, the Administrator produced a letter from the county Emergency Management Division dated , documenting in part, 'This letter serves to inform you that the CEMP has received the Initial Review and it cannot be approved in its current state. When compared to the current Agency for Health Care Administration criteria for your facility, the plan did not meet all of the standards. .....You have 30 days from receipt of this letter to revise and resubmit your plan.' During an interview conducted with the Administrator on at 3:05 PM, she confirmed they do not have a current approved CEMP, further stating she has met with a representative from the county to review the plan and it will be resubmitted soon. Class III	CZ830		