

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969276	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/09/2022
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NAME OF PROVIDER OR SUPPLIER AZALEA GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 2724 OX BOTTOM RD TALLAHASSEE, FL 32312
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A 000	Initial Comments An unannounced complaint investigation (complaint number 2022003635) was conducted at Azalea Gardens Special Care Center on A revisit to a complaint survey (complaint number 2021015999) was conducted in conjunction. Deficiencies were identified at the time of survey.	A 000		
A 052 SS=E	429.256() ; 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her (d) Applying medications. (e) Returning the medication container to proper	A 052		

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

STREET ADDRESS, CITY, STATE, ZIP CODE

AZALEA GARDENS

SPECIAL CARE CE

**2724 OX BOTTOM RD
TALLAHASSEE, FL 32312**

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A 052	Continued From page 1 storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a _____, including removing the cap of a _____, opening the unit dose of _____ solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the _____. (h) Using a _____ to perform _____ level checks. (i) Assisting with putting on and taking off _____ stockings. (j) Assisting with applying and removing an _____ but not with titrating the prescribed _____ settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with _____ bags. (4) Assistance with self-administration does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a _____ of the body. (d) Administration of _____ preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with _____, or _____ preparations.	A 052		

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A 052	Continued From page 2 (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self-administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed.	A 052		

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A 052	Continued From page 3 (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility. 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record. 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean	A 052		

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AZALEA GARDENS SPECIAL CARE CE	2724 OX BOTTOM RD TALLAHASSEE, FL 32312

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A 052	Continued From page 4 interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that unlicensed staff are not involved in the preparation of syringes for injection or the administration of medication by any injectable route for 2 of 3 residents reviewed for assistance with medications (Resident #1 and Resident #3). The findings include: A review of the Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) for Resident #1 revealed the resident required assistance with self-administration of medications. A review of Resident #1's Medication Observation Record (MOR) revealed the following orders: injection 100 Units (U) per milliliter (ML) pen, inject 40 units in the morning and Kwik Injection 100/ML inject per before meals and at bedtime. Further review of the MOR revealed this order was signed off as being administered by Staff C, Medication Technician, on and On at approximately 12:00 PM, an interview was conducted with Staff B, Medication	A 052		

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A 052	Continued From page 5 Technician, who explained the assistance she provides to Resident #1 with administration. Staff B stated she assists by dialing the _____ and attaching a new needle into the pen for Resident #1. A review of the Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) for Resident #3 revealed the resident required assistance with self-administration of medications. A review of Resident #3's Medication Observation Record (MOR) revealed the following order: _____ injection 100 Units (U) per milliliter (ML) pen, inject 28 units at bedtime. Further review of the MOR revealed this order was signed off as being administered by Staff C, Medication Technician, on _____ and _____. On _____ at approximately 11:50 AM, an interview was conducted with Staff C, Medication Technician, who explained the assistance she provides to Resident #3 with _____ administration. Staff C stated she assists by dialing the _____ and attaching a new needle into the pen for Resident #3. On _____ at approximately 1:04 PM, an interview was conducted with Staff D, Health Services Director (HSD). When asked about the policy and procedure for the handling of _____ by unlicensed staff, Staff D replied that the unlicensed staff could dial the _____ and attach the new needles to assist residents with self-administration. Staff D stated he was not aware that medication technicians are not permitted to dial the pen and apply the needle to the _____ prior to injection.	A 052			

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A 052	Continued From page 6	A 052		
	Class III			
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 _____ 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. Information about the federal CLIA Certificate is available from the Laboratory and In-Home	A 053		

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A 053	Continued From page 7 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, record review and policy review, the facility failed to ensure that _____ was only administered by licensed staff for 1 of 1 resident sampled who needed medications administered (Resident #6). The findings include: A review of the Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) for Resident #6 was conducted. Review of Section 2-B, Self-Care and General Oversight - Medications revealed a check mark in the box for "Needs Medication Administration". The form noted that "Not all assisted living facilities have licensed staff to perform this service." A review of Resident #6's Medication Observation Record (MOR) revealed the following orders: Injection 100 Units (U) per milliliter (ML) pen, inject 6 units _____, every 12 hours for _____, effective _____. The order also indicated "****NURSE ONLY". Further review of the MOR revealed an order for _____ Kwik Injection 100/ML, inject per _____ before meals, at bedtime, and at 3:00 AM. The order also indicated "****NURSE ONLY". The MOR for _____ revealed the medication was signed off as being administered by unlicensed Staff A, Medication Technician, on _____ and _____ at 8:00 PM and _____ at 8:00 AM. Further review revealed the 8:00 PM dose on _____ and _____ was administered by unlicensed Staff B,	A 053			

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A 053	Continued From page 8 Medication Technician. On _____ at approximately 10:47 AM, an interview was conducted with unlicensed Staff A, Medication Technician, who reported dialing the _____ and attaching the new needle and giving it to Resident #6's sitter to administer to the resident. On _____ at approximately 2:46 PM, an interview was conducted with Staff E, Home Health Aide, who reported witnessing unlicensed Staff A, Medication Technician, administer _____ to Resident #6 on several occasions. Staff E stated Home Health Aides did not administer any medications at any time. On _____ at approximately 1:04 PM, an interview was conducted with Staff D, Health Services Director (HSD), who stated Resident #6 required _____ administration by nurses only. Staff D further stated he was unaware that unlicensed staff were administering the _____ and would be corrected. A review of the facility's policy "Injections" revised _____ was conducted. The policy states, "Injections are administered only by the Resident themselves or by a licensed medical professional, as determined by state licensing regulations. Class III	A 053		