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
	AL11965767	A. BUILDING: _____ B. WING _____	06/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOME PLACE LIKE HOME, INC.#3	4217 CHIPPEWA DRIVE 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
CZ841 SS=F	408.823( ) FS In-person Visitation (1) This section applies to , centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for the , , licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include control and education policies for visitors; screening, personal protective equipment, and other control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor. (b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and	CZ841		

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CZ841	Continued From page 1 providers may not require an essential caregiver to provide such care. (c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects: 1. End-of-life situations. 2. A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support. 3. The resident, client, or patient is making one or more major medical decisions. 4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently . 5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. 6. A resident, client, or patient who used to talk and interact with others is seldom speaking. 7. For hospitals, childbirth, including labor and delivery. 8. . . . . patients. (d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures. (e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request. (f) Within 24 hours after establishing the policies and procedures required under this section,	CZ841		

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CZ841	Continued From page 2 providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on observation of the facility electronic website, review of facility policy and procedure, and staff interview, the facility failed to ensure the policy for in-person visitation contained the required elements, and that it was posted on the website. The policy affected all residents of the facility. The findings include: On [redacted] at 10:30 AM, the Nurse Consultant was asked to review the facility's website to ensure the in-person visitation policy was posted. She connected to the website on her laptop computer and after review of the website confirmed that the facility did not have their visitation policy posted on their website yet (Photographic evidence obtained). No visitation policy was observed. The facility policy for visitation was requested for review. The Nurse Consultant provided a paper copy entitled [Facility] [redacted] Control Education, [redacted], Policy. Review of the policy revealed it did not include information on in-person visitation in all of the following circumstances: End-of-life situations. A resident, client, or patient who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support. The resident, client, or patient is making one or more major medical decisions. A resident, client, or patient is experiencing emotional distress or grieving the	CZ841		

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CZ841	Continued From page 3 loss of a friend or family member who recently . A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. A resident, client, or patient who used to talk and interact with others is seldom speaking. The policy did not include the designation of a person responsible for ensuring staff adhere to the policies and procedures (Photographic evidence obtained). At 4:10 PM on , the Nurse Consultant confirmed that the facility's website did not include a visitation policy for the facility and the visitation policy did not include the new requirements, including information on in-person visitation in all of the required circumstances the regulation mandated. Class III	CZ841		

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A 000	Initial Comments A relicensure survey was conducted at Some Place Like Home Assisted Living Facility on . The facility had deficiencies at the time of the survey.	A 000		
A 052 SS=D	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 storage. (f) Keeping a record of when a resident receives assistance with self-administration under this	A 052		

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A 052	Continued From page 1 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. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed,"	A 052		

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A 052	Continued From page 2 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. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups,	A 052		

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A 052	Continued From page 3	A 052		

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 interpreting vital signs and evaluating or assessing a resident's condition.
(h) All trained staff must adhere to the facility's

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A 052	Continued From page 4 . . . . control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, clinical record review, and staff interviews, the facility failed to ensure residents were orally of the name and dosage of the medication if they did not have an opt-out waiver, and to pass medication timely, for six of six medications passed to Resident #5. The findings include: Employee D was observed passing medications on . . . . . at 9:30 am. She prepared a small metal pill cup for Resident #5. She opened the third drawer of the medication cart and took out a plastic basket with several medication vials in it. She set the basket on top of the cart and proceeded to read the Medication Observation Record (MOR). When she had all of the medications in the medication cup, she put the plastic basket with the medication vials in the medication cart and shut the drawer. She took the medications in the cup to the resident and told him it was time for his medications. He agreed. She handed him the medication cup and then went to his room to get his water cup. He started to move the pills around inside the cup with his . He stated that he was not supposed to have one of them. Then he stopped and looked at it again and stated "Oh, yes I am supposed to have that one." He put the pills in his , and she handed him the water. He swallowed the pills and water. She did not tell him what the medications or the dosage were.	A 052		

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A 052	Continued From page 5 Review of the record for Resident #5 revealed physician's orders: 0.4 mg capsule. Take one cap by twice a day. 650mg. Take one tablet twice day. , 0.5 mg tablet. Take one tablet by twice a day. 200mg. Take 1 tablet by every other day. , 81 mg tablet delayed release. Take 1 tablet every day by oral route. , 5mg. Take one tablet by twice daily (Photographic evidence obtained). Review of the MOR revealed that all of these medications were to be administered at 8:00 am (Photographic evidence obtained). During an interview with Employee D on at 3:10 pm she stated she had received the training to be a medication technician. She confirmed that she did not tell Resident #5 the names and dosages of his medications during the medication pass. She stated she knew she was supposed to do so. She has not seen a waiver allowing her not to inform the resident during the medication pass. She stated that the medications were to be passed from one hour before or after the time on the MOR. She confirmed she was late passing medications this morning. The Nurse Consultant was present and confirmed that the Resident #5 does not have a waiver and the medication technicians should explaining the name and dosage of the medication each time they assist with self-administration of medications. Class III	A 052		

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A 055	Continued From page 6	A 055		
A 055 SS=F	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 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	A 055		

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A 055	Continued From page 7 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 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	A 055		

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A 055	Continued From page 8 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, employee interview, and facility record review, the facility failed to ensure that medications were stored properly in a locked medication cart or storage room, for five of five residents of the facility. The findings include: On . . . . . at 8:20 am, the medication cart was observed in a large room that was undergoing renovations, next to the kitchen and living room. The cart was unlocked. The medication technician was not in the room. She was in a resident's room in another part of the facility providing assistance. A female . . . . . construction worker walked past the unlocked medication cart multiple times while working nearby from 8:30 am until 10:30 am. At 8:50 am on , the locking mechanism was not pushed in. The drawers were able to be accessed because the cart was not locked. The keys to the medication cart were lying on top of the cart (Photographic evidence obtained). Medication pass was observed on at 9:30 am with Employee D, medication technician.	A 055		

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A 055	Continued From page 9 She came to the medication cart to prepare the medications. The cart was not locked since the first observation at 8:20 am. She read the Medication Observation Record (MOR). While preparing the medications, the doorbell rang, and she stated, "I need to go answer the door now." She left the medications on top of the medication cart and went to the front door which was located out of sight of the medication cart. The medication cart was unlocked, and the medication were left unattended on top of the cart (Photographic evidence obtained). She returned to the cart 30-40 seconds later and explained the nurse consultant had arrived. When she had all of the medications in the medication cup, she put the plastic basket with the medication vials in the medication cart and shut the drawer. She did not lock the cart. She took the medications to the resident and assisted the resident to take his medications. When she returned to the medication cart, she did not lock it. She signed the MOR and walked away from the cart again without locking it. The medication cart was observed unlocked until 10:30 am on . The medication technician was in another part of the facility assisting residents. At 11:03 am on , medications were left unattended on top of the cart (Photographic evidence obtained). The medication technician was in another part of the facility assisting residents at that time, and at 12:33 pm on , when the cart was also observed unlocked. During an interview with the Nurse Consultant, RN, at 2:33 pm on , she was informed that the medication cart had been unlocked for most of the day. She looked at the medication cart and it was unlocked. She walked over to it	A 055		

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	AL11965767	A. BUILDING: _____ B. WING _____	06/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOME PLACE LIKE HOME, INC.#3	4217 CHIPPEWA DRIVE JACKSONVILLE, FL 32210

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A 055	Continued From page 10 and locked it. She confirmed she had locked it earlier but now it was unlocked again. During an interview with Employee D on [redacted] at 3:10 pm, she stated she had received the training to be a medication technician. She was to lock the medication cart whenever she was away from it. She apologized for not doing so. She confirmed she had left medication on top of the cart and walked away from it. She stated needed to keep it locked because Resident #3 would be "handing it out to the other residents". She confirmed that the keys to the cart were left on top of the cart and she was in another room of the facility not able to see the cart. Review of Employee D's personnel file revealed a training certificate for a 6-hour medication technician training course she received on [redacted] (Photographic evidence obtained). Review of the facility policy and procedure for medication storage revealed it read: Policy: All medication will be stored in a locked cabinet with only management access (Photographic evidence obtained). Class III	A 055		
A 056 SS=D	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	A 056		

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A 056	Continued From page 11 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 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	A 056		

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A 056	Continued From page 12	A 056		

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 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:

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A 056	Continued From page 13 Based on observation, clinical record review, staff interview and facility policy and procedure review, the facility failed to ensure the label of medications for Resident #5 matched the physician's order, for one of six medications reviewed. The findings include: On at 9:30 am, Employee D, Med Tech, was observed assisting Resident #5 with medication. During the preparation, she asked the Nurse Consultant, RN, to clarify the order on the Medication Observation Record (MOR) for 200mg. She wanted to know if it was correct, and if the medication was to be taken today. The Nurse Consultant read the MOR and the label on the medication bottle. She confirmed it should taken. Employee D proceeded to prepare and assist the resident with this medication. Review of the MOR for revealed it had X-marks on every other day for this medication. For the box was not marked with and X, indicating the medication was to be given (Photographic evidence obtained). Review of the label on the medication bottle revealed it was filled and read: 200mg. Take one tablet by one time daily. The physician's order list dated showed the order read: 200mg. Take 1 tablet by every other day (Photographic evidence obtained). During an interview with the Nurse Consultant on at 4:13 pm, she confirmed that the medication label and the physician's order for the 200mg did not match. She stated	A 056		

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A 056	Continued From page 14 the facility did not have alert labels. Review of the facility policy and procedures for medication dispensing read: B. We cannot dispense any medications that are not pharmaceutically labeled. All labels must give specific information. C. All medication must be from new, unused prescriptions. E. If there are to be medication changes, the physician must issue written orders directly to [Facility]. (Photographic evidence obtained). Class III	A 056		