

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922280	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/16/2022
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NAME OF PROVIDER OR SUPPLIER BEST CARE SENIOR LIVING AT PORT RICHEY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 PINEHILL ROAD PORT RICHEY, FL 34668
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(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 complaint (#2022011682 and #2022011707) in conjunction with a generator monitoring survey was conducted at Best Care Senior Living at Port Richey on . Unrelated deficiencies were identified at the time of 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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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to update medication observation record for 1 (Resident # 1) of one resident sampled. Finding Included: An interview conducted on _____ at 11:36 A.M. with Resident #1, he stated he did not receive his medications on _____. A record review conducted on _____ of Resident #1's medication observation record (MOR) revealed, medications scheduled for _____ were documented as not passed. An interview was conducted on _____ at 11:30 a.m. with Staff C, he stated when a resident refused medication, a medication refusal form is to be completed and passed on to the nurse. An interview conducted on _____ at 12:00 p.m. with the Care and Wellness Director, she stated "I know he [Resident #1] did not get up to get medications, [Staff B] probably did not go to _____ to sign the medication as refused. Resident # 1 tried to have me get his meds at noon, I'm guessing Staff B probably did not if update the MOR, she forgot to mark it in the computer. No a refusal form was not completed." Class III	A 054		