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
	AL11910722	A. BUILDING: _____ B. WING _____	08/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL ASSISTED LIVING AT FORT LAUDERDALE	2801 NW 55TH AVENUE LAUDERHILL, FL 33313

(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, Complaint (#2021016655, #2021016705, #2022001202, #2022002091) and Generator Monitoring survey was conducted on [redacted] through [redacted] at Colonial Assisted At Fort Lauderdale. The facility had deficiencies identified 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 [redacted], not to exceed 4 tablets per day." The revised instructions,	A 056		

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A 056	Continued From page 1 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 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	A 056		

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A 056	Continued From page 2 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: Based on observation, records review, and interview, it was determined that the facility failed to administer medications as per physician orders, for 2 of 5 sampled residents (Residents #18 & 19). The findings included: Review of the electronic medication observation record (eMOR) on revealed that Residents #18 and #19 had medications scheduled for 12:00 PM which were marked as not given. In an interview with Employee B, a medication technician (Med Tech) on at 2:22 PM, she reported that she did not give the medication because it was not available that morning and that afternoon of . She said the medications have been reordered. Review of the Residents' medication packages and bottles from the medication cart revealed that the following meds were not available:	A 056		

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A 056	Continued From page 3 . . . . . 100 mg capsule for Resident #18. Order read to take 1 tablet by three times a day. For Resident #19. the medication was 12.5 mg tablet. The written order was to take ½ tablet by twice a day for . . . . . and . Take with food. During a meeting with the Wellness Coordinator (WC) on . . . . . at 10:04 AM, she reported that the residents are veterans, and they receive their medications from the Veterans Affairs (VA). However, when they run out of medications, they have another Pharmacy that can provide emergency supplies. She said that the medications have been ordered and should arrive any day. She also indicated that they had backup supplies of the medications in the med cart that should have been used when they run out of the main supplies. The WC said that the medications were reordered on Friday . . . . . She reported that she had called the VA that morning to find out when the medications would be delivered, and she was informed that they were already in route. She said that she also called their . . . . . Pharmacy to reorder a five-days supplies. Furthermore, she reported that she did not contact or inform the residents' physicians about the missing dosages. She clarified that the Med Techs were supposed to inform her about the missing medications, but they did not. She said that they had a 24-hour phone number to automatically reorder the medications. On . . . . . , the Wellness Director verified that the emergency backup supplies were in the medication cart and that the Med/Tech had failed to inquire about their location. Consequently, Residents #18 and #19 missed their medications for two days.	A 056		

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A 056	Continued From page 4 Class III	A 056		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or	A 093		

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A 093	Continued From page 5 a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.	A 093		

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A 093	Continued From page 6 (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to maintain sufficient food supplies in their emergency supply room for three days, in the event of an emergency. The findings included: Review of the facility's emergency food supply list	A 093		

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A 093	Continued From page 7 dated .. .. .. by the facility's . . . . . dietitian revealed the following needed items: Milk (dry, boxed, evaporated) 4704 oz the facility only had 868 oz. it should have had at least 1008 oz for residents currently at the facility. Chicken Noodle Soup 782 oz Facility had 0 oz. Vegetable Soup 782 oz Facility had 0 oz Cream of mushroom 782 oz Canned Chicken or Canned Meat 294 oz facility had 0 oz Canned Tuna or any fish 294 oz Facility had 0 oz Assorted Canned meat Pasta 782 oz facility had 0z. Green Beans 1176 oz Facility had 0 oz Mixed vegetables 1176 oz Facility had 0 oz Carrots 1176 oz Facility had 0z Pears 388 oz Facility had 0z. During an interview with the assistant food service Assistant on . . . . . at 2:00 PM, he reported that he did not know that they did not have the needed supplies. He confirmed that they needed to reorder the missing supplies. During an interview with the Administrator on . . . . . at 3:15 PM, she denied the fact that the facility had not acquired all the necessary emergency food supplies. However, on , the facility reported that they had reordered the supplies and that they would be delivered on . During the exit meeting	A 093		

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A 093	Continued From page 8 on . . . . . ., the items were not at the facility. Class III	A 093		