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
	AL11965681	A. BUILDING: _____ B. WING _____	09/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR LIVING AT DUNEDIN	3175 BELCHER ROAD DUNEDIN, FL 34698

(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 biennial survey was conducted at Angels Senior Living at Dunedin Assisted Living Facility on . Angels Senior Living at Dunedin Assisted Living Facility had deficient practice identified at the time of the 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		

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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 document when medication was taken, missed doses, or refusals to take medication as prescribed and failed to update medication observation records (MORs) immediately at the time medications were offered to 2 Residents (#3 and #4) of eight sampled residents that required assistance with self-administration of medications. Findings included: During an interview with Resident #3 conducted on at 11:03AM, Resident #3 was concerned that they often run out of their medications. A MORs review for Resident #3, conducted on , revealed that Resident #3 had medications that were not documented as given which included: - , , 5 milligram (mg) was not documented as given on or at 08:00AM. - , 10mg was not documented as given on and at 08:00AM or on and at 08:00PM. - , 300 mg was not documented as given on and at 08:00AM or on and at 08:00PM. - 100 mg was not documented as given on and at 08:00AM or on , , and	A 054		

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A 054	Continued From page 2 . . . . . at 5:00PM. - . . . . . 25 mg was not documented as given on and at 08:00AM. - relief er 600 was not documented as given on . . . . . at 05:00PM. - . . . . . 25 mg was not documented as given on . . and at 08:00AM. - , sod dr 40 mg was not documented as given on . . . . . and . . . . . at 08:00AM. - 10 mg was not documented as given on . . . . . and . . . . . at 08:00PM. - . . . . . 1 gm was not documented as given on and at 08:00AM or on . . . . . and . . . . . at 08:00PM. - . . . . . 0.4 mg was not documented as given on . and at 08:00AM. - 50 mg was not documented as given on . . . . . and . . . . . at 08:00PM. During an interview with Resident #4 conducted on at 11:10AM, resident indicated that he occasionally runs out of his medications. A MORs review for Resident #4, conducted on , revealed that Resident #4 had medications that were not documented as given which included: - , 81 mg was not documented as given on . . . . . and . . . . . at 08:00AM.	A 054		

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A 054	Continued From page 3 - . . ., ... 7.5 mg was not documented as given on and at 08:00AM or on . . . . . , ... , and . . . . . at 05:00PM. - 100 mg was not documented as given on . . . . . and . . . . . at 08:00AM. - , succ er 25 mg was not documented as given on . . . . . and . . . . . at 08:00AM or on , , and . . . . . at 05:00PM. -Oyster cal-vit d 500/200 mg was not documented as given on and at 08:00AM or on . . . . . , ... , and at 05:00PM. - , 18 mcg cp-handihale was not documented as given on . . . . . and at 08:00AM. During an interview with the Administrative Assistant, conducted on . . . . . at 01:34PM, the Administrative Assistant stated that she was unsure what happened on the days that were marked with a dash indicated as not recorded. The Administrative Assistant stated that if they had been out of the facility, it would have been either red and marked as an exception or yellow and marked as on leave meds packed. The Administrative Assistant agreed that Residents #3 and #4 had medications that were not documented as given. Class III	A 054		

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A 165	Continued From page 4	A 165		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse	A 165		

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A 165	Continued From page 5	A 165		

incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident.
(4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident.
(6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415.
(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.
(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a

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A 165	Continued From page 7 Class III	A 165		