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
	AL11911596	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE FORT LAUDERDALE	2855 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309

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A 000	Initial Comments An unannounced Complaint survey (#2022011535, #2022011934, #2022012969) was commenced on and concluded on at Wickshire Fort Lauderdale. The facility had deficiencies identified related to Complaint (#2022011934 and #2022012969) at the time of the survey.	A 000		
A 052	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, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (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 .	A 052		

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A 052	Continued From page 1 (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 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 . . . . . . (4) Assistance with self-administration of medication 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," 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	A 052		

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A 052	Continued From page 2 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, 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.	A 052		

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A 052	Continued From page 3 (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 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 interview the facility failed to ensure documentation for the administration of medication for 7 of 7 sampled residents reviewed for medication administration, affecting Resident #1, Resident #2, Resident #9,	A 052		

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A 052	Continued From page 4 Resident #12, Resident #13, Resident #14, and Resident #15. The findings included: A review of the facility's Self Administration of Medication Policies and Procedures dated effective , documents under 4. Section F 'Keeping a record of when a resident receives assistance with self-administration'. The facility uses an electronic medication administration documentation system to document and track the administration of resident's medication. A review of Resident #1's Resident Health Assessment 1823 dated documents her diagnoses to include 's , and . Resident #1 resides in the MCU of the facility. Under or Behavior Needs Resident #2 is documented as having cognition. Further review of the Resident Health Assessment under Type of Assistance Needed for Medications documents she needs Medication Administration. Review of the resident's MORs revealed on and the 8:00 AM, 9:00 AM and 12:00 PM medications were not documented as being administered. A review of Resident #2's Resident Health Assessment 1823 dated documents his diagnoses to include 's , and . Resident #2 resides in the facility's Memory Care Unit (MCU). Under or Behavior Needs, Resident #2 is documented as having , cognition. Further review of the Resident Health Assessment under Type of Assistance Needed for Medications, documents he needs Medication Administration. Review of the	A 052		

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A 052	Continued From page 5 resident's Medication Observation Record (MOR) revealed on and the 8:00 AM, 9:00 AM and 12:00 PM medications were not documented as being administered. Further review of resident MORs for those residents residing in the facility's MCU revealed the following: Review of Resident #9's MORs for and , revealed 3 medications were not documented as being administered at 8:00 AM and 3 medications due at 9:00 AM were not documented as being administered. Review of Resident #12's MORs for and , revealed 3 medications were not documented as being administered at 9:00 AM. Review of Resident #13's MORs for and , revealed 8 medications were not documented as being administered at 9:00 AM. Review of Resident #14's MORs for and , revealed 3 medications were not documented as being administered at 8:00 AM; 2 medications were not documented as being administered at 9:00 AM; and 1 medication was not documented as being administered at 1:00 PM. Review of Resident #15's MORs for and , revealed 9 medications were not documented as being administered at 9:00 AM. In an interview conducted with Activity Coordinator Staff B on at 11:26 AM, she stated residents do not get their medications on time because of staffing. She also stated that residents miss medications as well. She stated	A 052		

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A 052	Continued From page 6 management will say they do get their medications, but they do not. In an interview conducted with the Administrator on _____ at 3:18 PM, she stated the medication issues were only in the MCU. She stated Medication Technician Staff D gave the residents the medications on those days and informed her that she did, but the Internet was not working. She stated on the employee side (of the electronic MOR system used), she pushed the button, but it did not register. She stated there was construction going on and they may have done something to knock it loose. She further stated in the interview that she would speak with Regional Office to see if they can retrieve the information verifying the medications were administered. She also stated they did a Medication Audit, and the Medication cart was in order and there were no findings. She stated their Regional Clinician was here, but she will contact him to request a written summary of the audit. She further confirmed they do not have a paper backup system in place, but once they get a Health Care Director in place, they will implement a paper MOR as a backup. No additional information or documentation was provided at this time to verify the medications were administered as ordered. On _____ during the exit conference conducted with the Administrator, Assistant Administrator, and Regional Director of Operations (via telephone), they were informed of and acknowledged the findings. Class III	A 052		

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A 079	Continued From page 7	A 079		
A 079	59A-36.010(3) FAC Staffing Standards - Levels	A 079		

(3) STAFFING STANDARDS.
(a) Minimum staffing:
1. Facilities must maintain the following minimum staff hours per week:

Number of Residents, Day Care Participants, and Respite Care Residents	Staff Hours/Week
0-5	168
[illegible]	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.
2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there

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A 079	Continued From page 8 must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in	A 079		

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A 079	Continued From page 9	A 079		

meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.
1. When additional staff is required above the

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A 079	Continued From page 10	A 079		

minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the Assisted Living Facility (ALF) failed to assess the staffing ratios resulting in the potential for insufficient staffing to meet the resident needs to provide the required care and services.

The findings included:

Review of the facility's Resident Agreement dated , on page 3 documents at Section 11: 'Awake staff is available 24 hours a day, 7 days a week, to ensure prompt response time and to

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A 079	Continued From page 11 effectively meet resident's needs while providing quality care and services.' The Assisted Living Facility has a capacity of 180 residents. During the survey period conducted on through , the facility census was 102. Of the 102 residents, 86 residents resided in the Assisted Living (AL) building of the campus. 16 residents resided in a separate building on the campus housing the Memory Care Unit (MCU). Review of the facility's Staffing Schedule from to reflected the following: Sunday : 7:00 AM to 3:00 PM - 3 Medication Technicians (MT) (1 MT that floats between the MCU and AL). 3 Certified Nursing Assistants (CNA) in AL and 1 in MCU. 3:00 PM to 11:00 PM - 3 MT (1 MT floats between AL and MCU), 3 CNAs (1 in AL and 2 in MCU). 11:00 PM to 7:00 AM - 4 CNAs (3 in AL and 1 in MCU) Monday : 7:00 AM to 3:00 PM - 3 MT (1 MT that floats between the MCU and AL). 3 CNAs in AL and 1 in MCU. 3:00 PM to 11:00 PM - 2 MT (1 floats between AL and MCU). 11:00 PM to 7:00 AM - 4 CNAs (3 in AL and 1 in MCU) Tuesday : 7:00 AM to 3:00 PM - 4 MT (3 in AL and 1 in MCU), 4 CNAs (3 in AL and 1 in MCU). 3:00 PM to 11:00 PM - 3 MT (2 in AL and 1 float in AL/MCU).	A 079		

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A 079	Continued From page 12 11:00 PM to 7:00 AM - 4 CNAs (3 in AL and 1 in MCU) Wednesday : 7:00 AM to 3:00 PM - 4 MT (3 in AL and 1 in MCU), 4 CNAs (3 in AL and 1 in MCU). 3:00 PM to 11:00 PM - 3 MT (2 in AL and 1 float in AL/MCU), 3 CNAs (2 in AL and 1 in MCU). 11:00 PM to 7:00 AM - 4 CNAs (3 in AL and 1 in MCU) Thursday : 7:00 AM to 3:00 PM - 3 MT (2 in AL 1 in MCU), 4 CNAs (2 in AL 2 in MCU). 3:00 PM to 11:00 PM - 3 MT (2 in AL and 1 float in AL/MCU), 3 CNAs (2 in AL and 1 in MCU). 11:00 PM to 7:00 AM - 4 CNAs (2 in AL and 2 in MCU) Friday : 7:00 AM to 3:00 PM - 2 MT (1 in AL and 1 float for AL/MCU), 4 CNAs (3 in AL and 1 in MCU). 3:00 PM to 11:00 PM - 2 MT (1 AL and 1 float AL/MCU), 3 CNAs (2 AL and 1 MCU). 11:00 PM to 7:00 AM - 4 CNAs (2 AL and 2 MCU) Saturday : 7:00 AM to 3:00 PM: 2 MT (1 AL and 1 float AL/MCU), 4 CNAs (3 AL and 1 MCU). 3:00 PM to 11:00 PM: 2 MT (1 AL and 1 float AL/MCU), 4 CNAs (3 AL and 1 MCU). 11:00 PM to 7:00 AM: 4 CNAs (2 AL and 2 MCU) In , the total direct care staff Weekly Hours, the facility exceeded the minimum requirements, however, did not reflect the care and services required for a facility census of 102 which includes the additional care and services required for those residents residing in the MCU. The staffing for the MCU frequently reflected only	A 079		

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A 079	Continued From page 13 1 Caregiver staff member for an average daily census of 16 and a MT floating between the AL and MCU responsible for the administration of medications. On at 10:19 AM, during an interview conducted with the Administrator, it was confirmed the facility does not currently have a licensed nurse as a Director of Nursing or Wellness Director. It was revealed the Licensed Practical Nurse Wellness Director's last day of employment was . The Administrator stated during the interview they have extended an offer to someone who plans to start next week. In an interview conducted with Resident #5 on at 2:23 PM, he stated he was not getting the services he was paying for. He stated the biggest problem is when staff do not come to work, they do not have the authority to call a temp agency. He stated it happens several times a week that no one shows up to provide his visits. He stated if no one comes to see him, he has to use his call button, which he should not have to as they are supposed to come see him 3 times a day. He further stated they are not staffed properly and have only 1 person on duty. He stated there is a real shortage of staff at night and going into the morning when he needs help getting into the shower. In an interview conducted with Resident #10 on at 1:20 PM, he stated the facility has one Aide today for the floor, and that they pulled another person from Housekeeping to help. He stated on Sundays there is only one CNA for the whole Assisted Living, and that there is no Nurse. He stated they do not have enough staff to attend to the needs of the residents. He stated he spoke with the Regional Manager and shared his	A 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911596	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICKSHIRE FORT LAUDERDALE	2855 WEST COMMERCIAL BLVD FORT LAUDERDALE, FL 33309

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A 079	Continued From page 14 concerns. Further he stated they had a Resident Council meeting yesterday and it was almost a full riot. In an interview conducted with Resident #11 on at 1:37 PM, she stated the facility does not have enough staff to attend to everyone. She stated Resident #4 had a recently and pressed her button for help. She stated it took hours before anyone came to assist her. In an interview conducted with Activity Coordinator Staff B on at 11:26 AM, she stated there is only one Aide in the MCU, and the Medication Technician does both the medications and assists with care due to staffing, therefore residents do not get their medications on time. She stated the resident's get the services they need, but not on time as they only have 1 person to do it. In an interview with Resident Care Associate Staff C on at 11:46 AM, she stated the staffing is not good and that she was the only staff working the 7:00 AM to 3:00 PM shift in the MCU today. She stated the residents are okay and some can do things for themselves, but they need additional staff. The census on the MCU was 17. Review of the facility's Staff Schedule indicated they meet the required Weekly Hours required by Direct Care Staff of 579 for a Census of 102 residents by providing an average of 944 Weekly Hours. However, review of the staffing schedule, and conducting resident and staff interviews reflects there are days and/or shifts when only 1 staff person is working in the MCU, and on each floor of the Assisted Living facility to attend to the resident's needs.	A 079		

Agency for Health Care Administration

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A 079	Continued From page 15 Additionally, in an effort to facilitate the timely passing of medications, the Medication Technician stationed in the MCU must complete their medication passes, then assist with medication administration in the Assisted Living building. The MCU is a [redacted] building located between 55 to 65 yards across the parking lot from the main building that houses the Assisted Living residents and Administrative offices. On during the exit conference conducted with the Administrator, Assistant Administrator, and Regional Director of Operations (via telephone), they were informed of and acknowledged the findings. The Regional Director of Operations stated they are in the process of bolstering their staff. Class III	A 079		