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
	AL11968024	A. BUILDING: ______ B. WING ______	C 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE SENIOR LIVING AT ST PETERSBURG	3479 54TH AVE N SAINT PETERSBURG, FL 33714

(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 (complaint numbers 2022015862 and 2022015394) in conjunction with a generator monitoring survey was conducted at Noble Senior Living at St. Petersburg on .... 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		

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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 maintain daily Medication Observation Records (MORs) that were updated accurately when medications were not given to three (Resident # 1, Resident #8, and Resident #14) of three sampled residents. Findings included: A record review of the MORs for Resident #1, Resident #8, and Resident #14 revealed blanks with no comment code or staff initials next to multiple prescribed medications. There were no exceptions or follow up/chart codes noted. An interview with the Director of Nursing conducted on at 11:25pm she was unable to say why there were blanks on the MORs for prescribed medications. In an interview with the Administrator conducted on at 11:52pm she stated she would not expect to see blanks on the MORs, and that there should be a code that corresponds with the chart code in the field if a medication is not given. She stated medications given should be marked as given on the MOR. Photographic Evidence Obtained. Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal	A 055		

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A 055	Continued From page 2 (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 locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and	A 055		

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A 055	Continued From page 3	A 055		

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 of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken

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A 055	Continued From page 4 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 and interview, the facility failed to ensure medication was stored in a central location for one of the two sampled (Resident #1). Findings Included: During an observation with Resident #1 on at 5:45pm, cream prescription medication was observed left on Resident's #1 dresser in the room. During an interview conducted on at 5:46pm, Resident #1 stated, "cream is kept on dresser for bedside use". Record review of Resident's #1's list of medications conducted on , revealed the cream prescription medication was not on Resident #1's medication list. (Photographic Evidence Obtained) On at 11:58pm, an interview was conducted with Interim Resident Care Director, License Practical Nurse (LPN), they regarding Resident #1's medication, "we are not aware of that medication." The Interim Resident Care Director agreed medication should not be at bedside without proper prescription from physician that stated cream can stay at bedside.	A 055		

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A 055	Continued From page 5 Class III	A 055		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and	A 152		

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A 152	Continued From page 6 personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide a safe, clean, and decent living environment for all residents that resided at the facility. Findings Included: In a tour of the facility conducted on from 5:00pm-12:15am the following was observed: First Floor: "Brown dirt, grime, crumbs and dried spills covered the threshold into the elevator and from hallway into resident rooms and in the corners and crevices of the hallway "Floors had dirty thresholds leading from the hallways into many of the resident rooms. "Feces and toilet paper in the hallway toilet with feces on the toilet seat. "Stains, crumbs and drops of dark brown on the wood flooring in the hallways throughout. " droplets on the flooring in the hallway near the dining room throughout the survey. "Dried food inside the wooden handrail outside of Resident #1's room. "Resident #1's floor was sticky to stand on, and had dirt, debris and dried spills throughout. There was dried brown drip marks on the wall behind the bathroom door, and behind the garbage can by the door. Black bio-growth on the vents for the air conditioning unit in the room. Black bio-growth along the bottom of the shower curtain in the bathroom, and dirt, dried brown liquid covering	A 152		

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A 152	Continued From page 7 stained yellow sticky notes on the floor between the table and refrigerator. "White rag wiped on the floor of Resident #1's room returned dark brown filth. Second Floor: "Stains, crumbs, and drops of dark brown on the wood flooring in the hallways throughout "Brown dirt, grime, crumbs and dried spills covered the thresholds into from hallway into resident rooms and in the corners and crevices of the hallway. "A resident ambulating barefoot throughout the unit refusing to don socks by the Supervisor. In an interview with Resident #9 conducted on at 5:44pm he stated there was only one housekeeper and she would do the best she could. In an interview with Resident #1 conducted on at 6:29pm he stated that there were roaches in his room and in his microwave and that maintenance was going to spray his room the next day. He stated the facility had one cleaning person for the facility and he felt bad for her. In an interview with Resident #8 conducted on at 6:39pm he stated that someone would clean once a day for sweeping and garbage, and mop once a week but even with that the "floors are total crap." In an interview conducted on at 8:40pm with the Supervisor on the second floor she stated it was hard to keep shoes on the residents. She stated the female resident walking the floor barefoot refused to keep socks on her	A 152		

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A 152	Continued From page 8 In a review of the facility's pest control log conducted on [redacted] there was an entry from [redacted] of cockroaches in Resident #1's room. In an interview with the Administrator on tour of the first floor conducted on [redacted] at 11:10pm she stated the feces covered/filled toile in the dirty hallway bathroom should be kept locked and not be used. She acknowledged the dirty floors, bio-growth on air conditioners, and dusty vents. She also acknowledged dried brown liquid drips on walls in Resident #1's room. In an interview with the Maintenance Director conducted on [redacted] at 11:10pm he said the brown stained spots on the flooring was from tree sap, and that they do wash the floors with cleaning solution. He could not explain why the thresholds from halls into rooms were dirty, or why Resident #1's floor was dirty, and said that he would do a good cleaning throughout the room. He agreed the air conditioners both needed to be cleaned, and Resident #8's needed replaced, and he would work on them. Photographic Evidence Obtained. Class III	A 152		