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
	AL11910470	A. BUILDING: _____ B. WING _____	10/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WATERFORD AT CARPENTER'S CREEK	5918 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503

(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 survey for complaint number 2022014804 was conducted at The Waterford at Carpenters Creek on . Deficiencies were identified at the time of survey.	A 000		
A 050 SS=D	429.256(2&6) FS;59A-36.008(1) FAC Medication - Self Administered Medications 429.256 (2) Residents who are capable of self-administering their own medications and performing other tasks without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a resident whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. An unlicensed person may also provide assistance with other tasks specified in subsection (6). Assistance with self-administration of medication or such other tasks by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a resident or the resident's surrogate, guardian, or attorney in fact. For the purposes of this section, self-administered medications include both legend and over-the-counter oral dosage forms, , dosage forms, patches, and , , , and dosage forms including solutions, suspensions, sprays, and inhalers. (6) Assistance with other tasks includes: (a) Assisting with the use of a to perform - level checks. (b) Assisting with putting on and taking off	A 050		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 050	Continued From page 1	A 050		

. . . . . stockings.
(c) Assisting with applying and removing an . . . . . but not with titrating the prescribed . . . settings.
(d) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.
(e) Assisting with measuring vital signs.
(f) Assisting with . . . . . bags.

59A-36.008
Pursuant to sections 429.255 and 429.256, F.S., and this rule, licensed facilities may assist with the self-administration or administration of medications to residents in a facility. A resident may not be compelled to take medications but may be counseled in accordance with this rule.
(1) SELF ADMINISTERED MEDICATIONS.
(a) Residents who are capable of self-administering their medications without assistance must be encouraged and allowed to do so.
(b) If facility staff observes health changes that could reasonably be attributed to the improper self-administration of medication, staff must consult with the resident concerning any problems the resident may be experiencing in self-administering the medications. The consultation should describe the services offered by the facility that aid the resident with medication administration through the use of a pill organizer, through providing assistance with self-administration of medications, or through administering medications. The facility must contact the resident's health care provider when observable health changes occur that may be attributed to the resident's medications. The facility must document such contacts in the resident's records.

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A 050	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to ensure that residents were assessed for their ability to self-administer medications on admission, quarterly or after a change of health status per facility policy for 3 of 4 residents sampled for self-administration of medications, (residents #1, 2, 4). The findings include: A record review was conducted of resident #1 which revealed the resident was admitted to the facility on with diagnoses of moderate , and . A review of the Resident Health Assessment for Assisted Living Facilities, Agency for Health Care Administration form 1823 signed by physician on revealed that the resident was "able to self-Administer Medications" and did not need help with taking her medications. Further review of the record revealed a note written on at 2:06 PM, "Resident with extreme , and . Resident had multiple pill bottles in room open with some on the floor." The note goes on to state that the resident's son was her POA (Power of Attorney) and requested the medications be removed and for the facility to administer the medications. The resident was sent to the hospital for evaluation. Further review of the resident's record failed to reveal a Self Administration Assessment per facility policy for "Resident Self Management of Medications." A review of the hospital record for resident #1 revealed a physician documentation/notes dated at 1511 (3:11 PM) Chief Complaint "	A 050		

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A 050	Continued From page 3 (patient) via (emergency medical services) with home health nurse complaining of AMS ( ). found with pills everywhere and was unsure if she took any medications." The note goes on to state "it was suspected that she accidentally overdosed on some of her medications". The assessment/Plan identified diagnosis of acute loss ; UGI (Upper) , Acute , , , possibly related to over dose of some of medications including , , , (a medication used to treat spasms and ,), , (a , medication used to treat , and) and , , (a , medication used to treat ,). A record review was conducted for resident #2 which revealed the resident's 1823, dated indicated the resident was "able able to self-Administer Medications" dated . Further review of the resident's record failed to reveal a Self Administration Assessment per facility policy for "Resident Self Management of Medications." A record review was conducted for resident #4, which revealed the resident's 1823, dated indicated resident was "able to self administer medications". Further review of the resident's record failed to reveal a Self Administration Assessment per facility policy for "Resident Self Management of Medications." On at approximately 12:55 PM, an interview was conducted with the Director of Wellness who stated when resident #1 was admitted she reviewed the 1823 and conducted an "over all assessment" regarding her ability to administer her own medications but she stated	A 050		

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A 050	Continued From page 4 she did not document this and confirmed she she did not have the "Safe Administration Assessment" on file for resident #1. On [redacted] at approximately 2:45 PM, a follow up interview was conducted with the Wellness Director concerning the Medication Self Administration Assessment for residents #2 and resident # 4, the Wellness Director confirmed she did not have them for these residents. A review of the policy titled "Resident Self Management of Medications" states, "If the physician has checked "yes" to indicate the Resident is capable of self-administration, the Wellness Director should conduct a Medication Self Administration Assessment (form HS 005). If the Wellness Director and/or ED do not feel that the Resident has this capability, discuss the results with the physician. If additional questions remain, seek assistance from your Regional Manger". Under 3. the policy states "Self Medication assessments should be done as indicated by state regulations but if no regulation, quarterly at a minimum. They also should be done if there has been a change of condition which could affect the Resident's ability to do self medication." CLASS II	A 050		