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
	AL11968572	A. BUILDING: _____ B. WING _____	12/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERTOWN ASSISTED LIVING LLC	16354 SW CHIPOLA RD BLOUNTSTOWN, FL 32424

(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 complaint investigation (2022017872) was conducted at Rivertown Assisted Living, Llc on . At the time of the survey deficient practice was identified.	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 medication.	A 054		

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A 054	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete and accurate Individual Medication Count Sheets for 2 of 2 sampled residents (Residents #1 and #2). The findings include: On , a review of resident #1's Individual Medication Count Sheet was conducted which revealed the following: entry at 4:00 PM completed in pencil. entry at 7:00 PM completed in pencil. entry at 11:00 PM completed in pencil and amount of medication left was not entered. entry at 7:00 AM (1st of 2) listed one pill given; however, amount of remaining medication left did not change. entry at 7:00 AM (2nd of 2) listed zero pills given; however, amount of medication left was reduced by one. entry at 7:00 PM listed a signature with only a first name. entry at 3:00 PM (1st of 2) listed an increase in the count by two pills; however, there was no documentation of two pills added. entry at 3:00 PM (2nd of 2) listed a signature with only a first name. This entry also listed a decrease in the count by two pills; however, there were no pills listed as given. entry at 7:00 PM listed one pill given; however, amount of medication left did not change. entry at 7:00 AM listed zero pills given; however, amount of medication left was reduced by one. On , a review of resident #2's Individual Medication Count Sheet was conducted	A 054		

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A 054	Continued From page 2 which revealed the following: entry at 4:00 PM did not include a signature. There is an n entry with only the number 14 listed in the date section so unable to determine the day this was documented. .. .. entry at 11:00 PM completed in pencil. entry at 7:00 PM listed a signature with only a first name. entry at 3:00 PM listed a signature with only a first name. A review of the facility's Medication Administration Course Training Program revealed the following: Page 28 states, "... only ink (preferably black) can be used to write on medical forms". Page 44 states, ".....whenever medications are administered, the person administering the medications must accurately document or chart they were given". Page 47 states, "...your full signature must be on each medication administration record". A review of Medication Training conducted by Staff I, RN (Registered Nurse) revealed the following: Page 123 states, "...never sign the log indicating the count is correct unless ...everything is correct". On . ..... at approximately 12:48 PM, an interview was conducted with the Administrator who confirmed the Individual . .... Medication Count Sheets are to be completed in ink and not in pencil, staff signatures should include the last name of staff signing the sheet, and the date should be written on the sheet when entries are made. The Administrator also confirmed the amount of medication listed on the Individual Medication Count Sheets should not	A 054		

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A 054	Continued From page 3 change when only a count is done and no medication is given. The Administrator confirmed when a [redacted] medication is given it should be subtracted from the amount of medication listed on the Individual Medication Count Sheet.	A 054		