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
	AL11965541	A. BUILDING: _____ B. WING _____	01/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A & L HEALTHCARE CORP	11764 NW 30TH STREET CORAL SPRINGS, FL 33065

(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 Relicensure and Generator Monitoring survey was conducted on [redacted] at A & L Healthcare Corp. The facility had a deficiency related to the Relicensure at the time of the survey.	A 000		
A 054	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 [redacted] 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 [redacted], 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 ensure that the Medication Observation Record (MOR) for residents who required assistance with self-administration of medications were not signed off or initialed by the Administrator who administered the medications for 4 out of 4 sampled residents reviewed for medication administration (Resident #1, Resident #2, Resident #3, and Resident #4) The findings included: In an interview conducted with the Administrator, a Licensed Practical Nurse, on at 12:10 PM, a request was made for the MORs for Resident #1, Resident #2, Resident #3, and Resident #4 along with a copy of the facilities MOR Policy and Procedures. On at 12:15 PM, the Administrator provided the MOR's for Resident #1, Resident #2, Resident #3, and Resident #4, and stated that the facility does not have a MOR Policy and Procedure. 1) Review of Resident #1's facility file revealed he was admitted to the facility on with diagnoses to include , and . On at 12:10 PM, a review of the MOR for for Resident #1 revealed that on the MOR was not signed off by the Administrator providing the medication, indicating the medication was not given as ordered by the resident's Physician.	A 054		

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A 054	Continued From page 2 Further review of the resident's chart did not show that the residents Physician gave an order for the medication to be held or discontinued on for the following medications: 1. , 2.5 MG (milligram) one tab by twice daily at 9:00 PM; 2. , 25 MG one tab by every 12 hours High at 9 PM; 3. 2 % apply cream to affected area twice a day for Fungal at 9:00 PM; 4. , 325 MG take 2 tablets by twice daily Dx (diagnosis): at 9 PM; 5. 100 MG/5ML (milliliters) Liquid 10 ML by four times each day Dx: at 1:00 PM, 5:00 PM, and 9:00 PM; 6. 50 MG take ½ tablet by (25 MG) at bedtime 9:00 PM. Further review of the MOR revealed that on , the MOR was not signed by the Administrator who provided the medications to Resident #1, indicating the medication was not given as ordered by the resident's Physician. Further review of the resident's chart did not show that the residents Physician gave an order for the medications to be held or discontinued on for the following medications: 1. 40 MG take 1 tablet by once daily Dx: at 7:00 AM; 2. , 5 MG one tablet by each day High at 8:00 AM; 3. 325 MG one tablet by each day Dx: at 9:00 AM; 4. , 2.5 MG one tab by twice daily at 8:00 AM; 5. , 25 MG one tab by every 12 hours High at 9:00 AM; 6. 2 % apply cream to affected	A 054		

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A 054	Continued From page 3 area twice a day for Fungal at 9:00 AM; 7. 325 MG take 2 tablets by twice daily Dx: at 9:00 AM; 8. 100 MG/5ML Liquid 10 ML by four times each day Dx: at 8:00 AM, 1:00 PM. 2) Review of Resident #2's facility file revealed she was admitted to the facility on with diagnoses to include , , ( ), , and Crohn's . On at 12:10 PM, a review of the MOR for for Resident #2 revealed that on the MOR was not signed off by the Administrator providing the medication, indicating the medication was not given as ordered by the resident's Physician. Further review of the resident's chart did not show that the residents Physician gave an order for the medication to be held or discontinued on for the following medications: 1. 0.025% , , instill one drop twice daily for at 9:00 PM; 2. 650 MG one tablet by twice daily Dx: maximum per day 3 Grams at 9:00 PM; 3. 40 MG take one tablet by at bedtime Dx: at 9:00 PM; 4. , 20 MG one tablet by at bedtime Dx: at 9:00 PM; 5. , 25 MG take one tablet daily at bedtime at 8:00 PM. Further review of the MOR revealed that on , the MOR was not signed off by the Administrator who provided the medication to Resident #2, indicating the medication was not	A 054		

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A 054	Continued From page 4 given as ordered by the resident's Physician. Further review of the resident's chart did not show that the residents Physician gave an order for the medication to be held or discontinued on for the following medications: 1. , 20 MG take one capsule by each day Dx: at 7:00 AM; 2. , 5 MG take one tablet by each day Dx: at 8:00 AM; 3. , 81 MG Chew take one tablet by each day Dx: at 8:00 AM; 4. Loratidine 10 MG one tablet by each day Dx: at 8:00 AM; 5. , 0.5 MG one tablet by every morning , at 8:00 AM, 6. 50 MG take one tablet by each day Dx: at 8:00 AM; 7. Extended Release 20 MEQ (milliequivalent) take 1 tablet by each day Dx: Replacement; 8. 0.025% , instill one drop twice daily for at 8:00 AM; 9. 650 MG one tablet by twice daily Dx: maximum per day 3 Grams at 8:00 AM; 10. Extended Release 500 MG take 3 capsules by each day Dx: Crohn's at 8:00 AM. 3) Review of Resident #3's facility file revealed she was admitted to the facility on with diagnoses to include , , , , , , , Short term Memory Loss, , and Stiffness. On at 12:10 PM, a review of the MOR for Resident #3 revealed that	A 054		

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A 054	Continued From page 5 on . . . . . the MOR was not signed off by the Administrator providing the medication, indicating the medication was not given as ordered by the resident's Physician. Further review of the resident's chart did not show that the residents Physician gave an order for the medication to be held or discontinued on . . . . . for the following medications: 1. . . . . 150 MG one tablet by . . . twice daily Dx: . . . Control at 9:00 PM; 2. . . . . 0.5 MG one tablet by . . . twice daily . . , at 9:00 PM; 3. . . . . 100 MG take 2 capsules by . . . every twelve hours at 8:00 PM; 4. Pregabalin 75 MG one capsule by . . . twice daily Dx: at 9:00 PM; 5. . . . . 100 MG one tablet by . . . daily Dx: Agitation at 9:00 PM; 6. . . . . 325 MG take 2 tablets (650 MG) by . . every noon Dx: at 12:00 PM; 7. . . . . 650 MG one tablet by . . . every 6 hours for maximum per day 3 GRAMS at 1:00 PM, 5:00 PM, 9:00 PM; 8. 40 MG take 1 tablet by at bedtime Dx: . . . . . at 9:00 PM. Further review of the MOR revealed that on , the MOR was not signed off by the Administrator who provided the medication to Resident #3, indicating the medication was not given as ordered by the resident's Physician. Further review of the resident's chart did not show that the residents Physician gave an order for the medication to be held or discontinued on for the following medications: 1. , 20 MG take one capsule by	A 054		

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A 054	Continued From page 6 each day Dx: [illegible] at 7:00 AM; 2. [illegible] 81 MG Chew take one tablet by each day Dx: [illegible] at 8:00 AM; 3. [illegible] 75 MG take 1 tablet by every morning Dx: [illegible] at 8:00 AM; 4. [illegible] 1 MG one tablet by each day Dx: Folate Supplement at 8:00 AM; 5. Loratidine 10 MG one tablet by each day Dx: [illegible] at 8:00 AM; 6. [illegible] Extended Release 100 MG one tab by [illegible] once a day Dx: [illegible] at 8:00 AM; 7. [illegible] Extended Release 10 MG take 1 tablet by [illegible] once a day Dx: [illegible] at 8:00 AM; 8. [illegible] 150 MG one tablet by twice daily Dx: [illegible] Control at 8:00 AM; 9. [illegible] 0.5 MG one tablet by twice daily [illegible] at 8:00 AM; 10. [illegible] 100 MG take 2 capsules by every twelve hours at 8:00 AM; 11. Pregabalin 75 MG one capsule by twice daily Dx: [illegible] at 8:00 AM; 12. [illegible] 100 MG one tablet by daily Dx: Agitation at 8:00 AM; 13. [illegible] 650 MG one tablet by every 6 hours for [illegible] maximum per day 3 GRAMS at 8:00 AM. 4) Review of Resident #4's facility file revealed she was admitted to the facility on [illegible] with diagnoses to include [illegible], and history of [illegible] Right [illegible]. On [illegible] at 12:10 PM, a review of the [illegible] MOR for Resident #4 revealed that on [illegible] the MOR was not signed off by the Administrator providing the medication, indicating the medication was not given as ordered by the	A 054		

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A 054	Continued From page 7 resident's Physician. Further review of the resident's chart did not show that the residents Physician gave an order for the medication to be held or discontinued on for the following medications: 1. 20 MG one tablet by every 12 hours . . . . Distress at 9:00 PM; 2. , 25 MG one tablet by twice daily Dx: Agitation at 9:00 PM; 3. 10 MG one tablet by at bedtime Dx: , , , . . . at 9:00 PM; 4. C 500 MG 1 tablet by daily at 12 Noon. Further review of the MOR revealed that on , the MOR was not signed off by the Administrator who provided the medication to Resident #4, indicating the medication was not given as ordered by the resident's Physician. Further review of the resident's chart did not show that the residents Physician gave an order for the medication to be held or discontinued on for the following medications: 1. 20 MG one tablet by every 12 hours . . . . Distress at 8:00 AM; 2. , 25 MG one tablet by twice daily Dx: Agitation at 8:00 AM; 3. C 500 MG 1 tablet by daily at 12 Noon. During an interview conducted on . . . . . at 12:15 PM with the Administrator, the Administrator was advised that the MORs where not signed off for Resident's #1, #2, #3, and #4 dated . . . . . for the evening medications and all the morning medications dated	A 054		

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A 054	Continued From page 8 . . . . . . The Administrator stated during the interview it was an oversight on her part and that she did give the medications to the residents, however she forgot to sign the MOR that they were administered to the residents on . . . . . and . The Administrator concurred that the MORs where not signed. Class III	A 054		