

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966458	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/16/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CENTRAL TAMPA ASSISTED LIVING

**5010 N 40 STREET NORTH
TAMPA, FL 33610**

(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 second revisit to complaint investigation (complaint numbers: 2022015313 and 2022015657) was conducted at Central Tampa Assisted Living 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}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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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 document administered doses of medications for two (Resident #8 and Resident #9) out of three sampled residents. Findings included: A medication observation record review for Resident #8, conducted on _____ revealed that Resident #8 had medications that were not documented as given which included: - _____ 81mg chewable Tab was not documented as given on _____ and _____ at 9am. - _____ Tab 0.25mg was not documented as given on _____ and _____ at 9am. - _____ 250mg DR Tab was not documented as given on _____ and _____ at 9am. A medication observation record review for Resident #9, conducted on _____ revealed that Resident #9 had medications that were not documented as given which included: - _____ Tab 250mg DR was not documented as given on _____ and _____ at 9am. - _____ 325mg Tab was not documented as given on _____ at 9am. - _____ Cap 500mg was not documented as given on _____ at 9am - _____ Tab 200mg was not documented as given on _____ at 9m. During an interview with the Administrator, conducted on _____ at 4:31pm, the Administrator agreed that Resident #8's and Resident #9's Medication observation records had medications not documented as given.	{A 054}		

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{A 054}	Continued From page 2 Class III	{A 054}		
{A 058} SS=D	429.42() FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to	{A 058}		

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NAME OF PROVIDER OR SUPPLIER CENTRAL TAMPA ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 5010 N 40 STREET NORTH TAMPA, FL 33610		
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{A 058}	Continued From page 3 an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to ensure documented Class III deficiencies regarding medicinal drugs were corrected as required (Cross Reference: A0054). Findings Included: Due to the uncorrected Class III deficiencies concerning the facility's medication practices, the	{A 058}			

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{A 058}	Continued From page 4 facility shall be required to employ the consultation services of a licensed pharmacist consultant or a registered nurse consultant. The consultant shall at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. This written statement serves as notification of the above stated requirement. During an interview with the Administrator, conducted on _____ at 04:40pm, the Administrator verbalized understanding that the facility was required to continue to employ or contract with a licensed pharmacist consultant or registered nurse consultant due to the facility's uncorrected medication Class III deficiency. Class III	{A 058}		