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
	AL11968987	A. BUILDING: _____ B. WING _____	01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER ASSISTED LIVING FACILITY, LLC	319 ELDRIDGE AVE ORANGE PARK, FL 32073

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A 000	Initial Comments A change in ownership survey with complaint 2022017279 was conducted at Premier Assisted Living Facility, LLC on . Deficiencies were identified at the time of the survey.	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage.	A 052		

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A 052	Continued From page 1 (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.	A 052		

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A 052	Continued From page 2 (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to	A 052		

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A 052	Continued From page 3 enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure assistance with self-administration included orally advising the resident of the medication name and dosage for 3 of 4 residents sampled, and failed to ensure medications were prepared in the presence of the resident for 1 of 4 sampled residents.	A 052		

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A 052	Continued From page 4 The findings included: On at 8:16am Resident #9 entered the medication room asking for his medication. He sat in a chair on wall behind Employee B, Med Tech/ Assistant Administrator. Employee B pulled medications from a drawer on the medication cart and began popping them one at a time into pill cup labeled with Resident #9's name. She handed Resident #9 the cup of pills and a cup of water. She told the resident to take his pills and placed them on the seat of his rolling walker which was in front of him. Employee B did not advise the resident of the medication name or dosage of the medications being provided. On at 8:32am Employee B, Med Tech/ Assistant Administrator was observed in the medication room preparing medication for Resident #1. The resident was not present in the medication room. During an interview with the Employee B after watching her prepare medications for Resident #1, she acknowledged she had prepared the medications outside of the resident's presence. She stated she had to take them to the resident who was in her room. On ..... at 8:41am Employee B exited the medication room. She knocked on Resident #1's door then entered the resident's room. Once inside Employee B failed to orally advise the resident of the medication name and dosage of the medications being provided. On at 12:01pm, during an interview with Resident #3, Employee B, Med Tech/Assistant Administrator approached the resident. She extended a small pill cup containing medications to the resident advising her that she had her	A 052		

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A 052	Continued From page 5 medications. When complete, Employee B asked the resident if she had taken all of the medications. The resident replied "yes" and handed Employee B the empty pill cup. Employee B then exited the dining room. Again, Employee B failed to orally advise the resident of the medication name and dosage of the medications being provided. During an interview with the Administrator, at 3:30pm she stated Med Techs receive instructions for assisting with self-administration of medication in the six hour med tech training course. She confirmed there is a form residents can sign to waive their right to have their medications explained to them and pre-popped but at this time there are no residents who have done so in the facility. She confirmed the Med Techs should be explaining the medications to all residents and they are not to pre-pop any resident's medications. Record review revealed Employee B, Med Tech/ Assistant Administrator was hired at the facility on . . . . . She completed the initial six hour training requirement for assisting with self-administration of medication . . . . . . CLASS III	A 052		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination	A 078		

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A 078	Continued From page 6 performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.	A 078		

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A 078	Continued From page 7 (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on employee record review and interview, the facility failed to provide a communicable . . . . . statement or annual . . . . . testing for 2 of 3 employees reviewed (the Administrator and Employee B, Assistant Administrator). The findings include: An employee record review was conducted for Employee B, Assistant Administrator, which revealed a date of hire of . . . . . . During the review, documentation was not found of a communicable . . . . . statement or of an annual screening. An employee record review was conducted for the Administrator which revealed a date of hire of . During the review, documentation was not found of a communicable . . . . . statement or of an annual screening.	A 078		

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A 078	Continued From page 8 An interview was conducted with the Administrator on [redacted] at 2:10 p.m. She confirmed neither she or Employee B had the communicable [redacted] statement or annual screening. CLASS III	A 078		
CZ841 SS=D	408.823( ) FS In-person Visitation (1) This section applies to [redacted] centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for the [redacted] licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include control and education policies for visitors; screening, personal protective equipment, and other control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any or immunization. The policies and procedures must allow consensual physical	CZ841		

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CZ841	Continued From page 9	CZ841		

contact between a resident, client, or patient and the visitor.
(b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and providers may not require an essential caregiver to provide such care.
(c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects:
1. End-of-life situations.
2. A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support.
3. The resident, client, or patient is making one or more major medical decisions.
4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently . . .
5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
6. A resident, client, or patient who used to talk and interact with others is seldom speaking.
7. For hospitals, childbirth, including labor and delivery.
8. . patients.
(d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend

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CZ841	Continued From page 10 in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures. (e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request. (f) Within 24 hours after establishing the policies and procedures required under this section, providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure visitation policies and procedures were accessible on the facility's website. This has potential to affect all residents of the facility. The findings included: On at 3:30pm, the facility's public website was reviewed with the Administrator. When asked about the facility's visitation requirements, she stated visitors are required to sign in and take their temperature with a thermometer provided at the entrance. Upon reviewing the website, the Administrator confirmed the visitation policy was not on the facility's website. She stated the owner has someone who is responsible for updating the website. She stated she would notify the owner to have the visitation information added to the facility's website.	CZ841		

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CZ841	Continued From page 11 CLASS III	CZ841		