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
	AL11968279	A. BUILDING: _____ B. WING _____	R 10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON HOUSE, LLC	8005 RENAULT DR N JACKSONVILLE, FL 32244

(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 revisit to a biennial survey was conducted at Mason House on .. .. Deficiencies were found to be uncorrected at the time of the survey.	{A 000}		
{A 055} SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has	{A 055}		

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{A 055}	Continued From page 1	{A 055}		

been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.
(c) Centrally stored medications must be:
1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,
4. Kept separately from the medications of other residents and properly closed or sealed.
(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.
(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered

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{A 055}	Continued From page 2 abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, resident and facility record reviews and interview with the Administrator, the facility failed to keep centrally stored medications for one of six current residents in a locked cabinet, cart or other receptacle, and failed to ensure abandoned medications were disposed of timely manner for one of seven sampled residents. The findings include: During a tour of the facility on at 10:25 am an observation of Resident #1's room was conducted with the Administrator. Resident #1 was in his bed. A blue bottle of [illegible] was on the dresser. It did not have a pharmacy-issued or other label with resident's name, dosage, or frequency of administration. Next to it was a bottle of [illegible] powder which did have a pharmacy issued label. Resident #6's name was on the bottle. Photographic evidence was obtained. An interview was conducted with the	{A 055}		

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{A 055}	Continued From page 3 Administrator at this time. She said she was cleaning out the dresser drawers, as Resident #1 was preparing to move in a week. She found the powder in a dresser drawer. It belonged to a [redacted] resident; Resident #6. She confirmed the [redacted] were prescribed to Resident #1, but she insisted they were not being stored in his room. She was keeping them locked in the new medication storage cart. The Administrator retrieved the bottles and took them out of Resident #1's room. The Administrator acknowledged the two containers were in the bedroom unsecured, but again said that was not where they were being stored. When asked when Resident #1 moved into the room, she said it was [redacted]. Record review for Resident #1 confirmed he was admitted to the facility on [redacted]. An AHCA Form 1823 (Resident Health Assessment) dated [redacted] noted Resident #1 had a history of [redacted] and required assistance with activities of daily living. He was assessed to require assistance with the self-administration of his medication. Review of his Medication Observation Record (MOR) found he had a physician's order dated [redacted] for [redacted] Balance 0.6% [redacted], two drops to left [redacted] three times a day. Photographic evidence was obtained. A closed record review for Resident #6 confirmed she was [redacted] and had a discharge date in [redacted]. Her AHCA form 1823 dated [redacted] noted diagnoses including [redacted]. Resident #6 required assistance with the self-administration of medication. Per review of her MOR, she had a physician's order dated [redacted] for [redacted] 100,000 units/gram, apply to affected area(s) bottom and [redacted] by [redacted] route	{A 055}		

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{A 055}	Continued From page 4 two times per day. Photographic evidence was obtained. On at 11:35 am, the Administrator was asked if there was a box for Resident #1's . She retrieved a crushed box for the , out of the trash can near the kitchen. She acknowledged again that resident medications needed to be secured at all times. The facility submitted corrective actions dated in response the biennial licensure survey conducted on . As part of the facility correction, the Administrator wrote, "We will no longer keep medication in a room without a locked box to store it in." Class III	{A 055}		
{CZ814} SS=D	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in	{CZ814}		

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{CZ814}	Continued From page 5 status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on a review of facility and staff records and interview with the Administrator, the facility failed to maintain the employment status of one of one employees (Employee B) within the Agency Background Screening Clearinghouse and failed to report a change in her employment status within 10 business days. The findings include: A review of personnel records found Employee B had been hired on as a Caregiver and Medication Technician. Review of the AHCA clearinghouse for this facility found Employee B's employment start and end dates were never entered into the roster. Photographic evidence obtained. An interview was conducted with the Administrator on at 10:50 am. She stated she "deleted" Employee B off of the roster entirely. She pulled up the roster on her computer to show that Employee B was not there. The Administrator was not able to show how she	{CZ814}		

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{CZ814}	Continued From page 6 removed this employee from the roster. There was no evidence Employee B had ever been added to the roster. The requirements were explained to her and she voiced understanding. Unclassified	{CZ814}		