

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PRESTIGE MANOR

**6040 SOUTHEAST FRONT ROAD
BELLEVUE, FL 34420**

(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 (complaint number 2022017202) was conducted at Prestige Manor on . Deficiencies were identified at the time of the survey.	A 000		
A 030	59A-36.007(5) FAC; 429.28() FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 030	Continued From page 1 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. _____ and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident _____, neglect, and _____; 6. Administrative and housekeeping schedules and requirements; 7. _____ control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical _____. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	A 030			

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A 030	Continued From page 2 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from _____ and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030			

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A 030	Continued From page 3 (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free	A 030		

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A 030	Continued From page 4 telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (1) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without _____, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, _____, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and, if applicable, _____, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to	A 030		

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated incompetent or incompetent under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure 7 of 7 sampled residents received access to adequate and appropriate health care including the timely management of medications as ordered, Residents #2, #3, #4, #5, #6, #7, and #8. Findings include: On _____, the Medication Technician (Med Tech) scheduled to arrive at 7:00 AM called in	A 030		

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A 030	Continued From page 6 sick. Staff C, Med Tech was called in as a replacement and was unable to arrive until 8:30 AM. Medication pass is scheduled to begin at 7:00 AM. On 3/6/2023, at 7:10 AM, an interview was conducted with Resident #6. She said that the staff often calls out and puts the more responsible staff behind with their duties. Resident #6 stated, "Sometimes we don't get our medications at all and most every day they are given to us late. [Staff C's name] is very good and when she is scheduled to be here, we receive our medications on time, but otherwise, we usually get our medications past the time they are scheduled to be given or not at all. There is very little routine or organization here." On 3/6/2023, at 8:35 AM, Staff C was observed at the Medication Cart reviewing the paper Medication Observation Records (MORs) for Residents #2, #3, #4, #5, #6, #7, and #8, who were scheduled to receive their morning medications at 7:00 AM. During the review of the medications, an unopened, pre-packaged medication evening dosage of medication for Resident #3 was discovered in the drawer of the medication cart. Further review of the medication observation record MOR found no notation on the MOR to show why the medication was not given. During an interview on 3/6/2023 at 10:25 AM, the Resident Care Coordinator confirmed that the evening medications for Resident #3 were still in the drawer of the medication cart. Review of the MOR showed the medications scheduled to be given to Resident #3 were not initialed to show she received her medications last evening.	A 030			

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A 030	Continued From page 7 On _____ at approximately 12:15 PM, an interview was conducted with the Administrator. The Administrator stated that last evening (_____) the scheduled Med Tech for Prestige Manor I was a no-show and therefore, a Med Tech from their sister facility (Prestige Manor III) had to come over here to dispense medications. He further said after checking with the staff member that Resident #3 reportedly refused her evening medications. He confirmed that the MOR did not reflect any sign of that, and confirmed the evening medications scheduled to be given on the MOR were blank. Review of Resident #3's unopened, prepackaged medications, dated Sunday, _____, 5:00 PM, (found in the medication cart) revealed: _____ 100 MG - Take 1 capsule by _____ twice daily; _____ 5 mg. - Take 1 tablet by _____ twice daily; _____ 40 MG - Take tablet by _____ twice daily for _____; Preservision AREDS softgel UNIT-226 MG 200 - Take 2 capsules by _____ twice daily; _____ - 25 MG - Take 1 tablet by _____ twice daily. In addition, review of unopened pre-packaged medication dosage, dated Sunday, _____, 5:00 PM, revealed: _____ 50 MG - Take 1 tablet by _____ at Bedtime; and an unopened pre-packaged medication dosage, dated Sunday, _____, 10:00 PM - _____ 500 MG - Take 2 tablets 1,000 MG by _____ every 8 hours. (Photographic evidence obtained.) Review of the Medication Observation Record (MOR) for Resident #3 found 8:00 PM doses were blank on the MOR for _____, and _____ 5 mg. found the 5:00 PM doses were not initialed and were blank	A 030		

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A 030	Continued From page 8 for _____, and _____; Preservision AREDs softgel found the 5:00 PM doses on the MOR for _____ and _____ were blank and not initialed; 25 MG - 5:00 PM the MOR is blank on _____, and _____, DR 40 MG T - 5:00 PM doses on _____ and _____; and _____ 500 MG CAPLET - 10 PM dose on _____ and _____ the MOR showed no initials or indication the medications were received, and still due her 6 AM dose for (Photographic evidence obtained.) On _____, at approximately 2:45 PM, the Administrator confirmed that when staff calls out at the last minute it delays the daily schedule until he can find a replacement to come in and cover and can cause a delay in residents receiving their medications on time. Class III	A 030			
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	A 054			

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A 054	Continued From page 9 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. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to accurately maintain a daily medication observation record (MOR) for 1 of 7 sampled residents, Resident #3. Findings include: On _____, at 8:35 AM, Staff C, Med Tech was observed at the medication cart reviewing the MORs for Residents #2, #3, #4, #5, #6, #7, and #8, who were scheduled to receive their morning medications at 7:00 AM. During the review of the medications, an unopened, pre-packaged medication evening dosage of medication for Resident #3 was discovered in the drawer of the medication cart. Further review of the medication observation record MOR found no notation on the MOR to show why the medication was not given. During an interview on _____ at 10:25 AM, the	A 054		

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A 054	Continued From page 10 Resident Care Coordinator confirmed that the evening medications for Resident #3 were still in the drawer of the medication cart. Review of the MOR showed the medications scheduled to be given to Resident #3 were not initialed to show she received her medications last evening. On _____ at approximately 12:15 PM, an interview was conducted with the Administrator. The Administrator stated that after checking with the staff member that Resident #3 reportedly refused her evening medications. He confirmed that the MOR did not reflect any sign of that, and confirmed the evening medications scheduled to be given on the MOR were blank. Review of Resident #3's unopened, prepackaged medications, dated Sunday, _____, 5:00 PM, (found in the medication cart) revealed: 100 MG - Take 1 capsule by _____ 5 mg. - Take 1 tablet twice daily; _____ 5 mg. - Take 1 tablet by _____ twice daily; _____ 40 MG - Take tablet by _____ twice daily for _____; Preservision AREDS softgel UNIT-226 MG 200 - Take 2 capsules by _____ twice daily; _____ 25 MG - Take 1 tablet by _____ twice daily. In addition, review of unopened pre-packaged medication dosage, dated Sunday, _____, 5:00 PM, revealed: _____ 50 MG - Take 1 tablet by _____ at Bedtime; and an unopened pre-packaged medication dosage, dated Sunday, _____, 10:00 PM - _____ 500 MG - Take 2 tablets 1,000 MG by _____ every 8 hours. (Photographic evidence obtained.) Review of the Medication Observation Record (MOR) for Resident #3 found 8:00 PM doses	A 054		

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A 054	Continued From page 11 were blank on the MOR for _____, and _____ 5 mg. found the 5:00 PM doses were not initiated and were blank for _____, and Preservision AREDs softgel found the 5:00 PM doses on the MOR for _____ and _____ were blank and not initiated; 25 MG - 5:00 PM the MOR is blank on _____, _____, and _____; DR 40 MG T - 5:00 PM doses on _____ and _____; and _____ 500 MG CAPLET - 10 PM dose on _____ and _____. the MOR showed no initials or indication the medications were received, and still due her 6 AM dose for _____. (Photographic evidence obtained.) Class III	A 054		