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
	AL11969348	A. BUILDING: _____ B. WING _____	04/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMBASSY BRANDON LLC	1320 OAKFIELD DR BRANDON, FL 33511

(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 complaint (Complaint numbers 2023005344, 2023002729, and 2023003382) investigation with generator monitoring was completed on . . . . . at Embassy Bandon Llc. There were deficiencies found at the time of the survey.	A 000		
A 028 SS=D	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide necessary care and services for those who required assistance or supervision during activities of daily living (ADL) for 2 (Resident #2 and Resident #4) of 2 residents reviewed. Findings include: Record review conducted on revealed a list of residents that were on toileting precautions in the facility. Resident #2 and Resident #4 were on that list. Resident #1 required supervision with toileting and Resident #4 required assistance with toileting. (Photographic evidence obtained) An interview with the Executive Director on . . . . . at 12:00PM revealed that there is no documentation regarding when residents are toileted. The Executive Director confirmed that there was no way to determine if	A 028		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 028	Continued From page 1 the staff were assisting Resident #2 and Resident #4 with toileting. Class III	A 028		
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 2 (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 3 (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 4 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, record review and interview, the facility failed to assist with self-administration of medications appropriately for one Resident (#15) of one resident sampled. Findings Included: During a medication pass observation conducted	A 052		

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A 052	Continued From page 5 on . . . . . at 2:00 PM, Staff D, an unlicensed staff, was observed to crush ordered medication and spoon feed Resident #15. Staff D provided medication administration and not assistance with self-administration of medication. A record review conducted on . . . . . for Resident #15 revealed a Resident Health Assessment (Agency Health Care Administration for 1823) noting Resident #15 was hospice with crush medication orders and needs assistance with self-administration. An interview conducted on at 2:10 p.m., with the Administrator she stated her expectation was staff followed their assistance with medication administration training. Class III	A 052		
A 092 SS=D	59A-36.012(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager,	A 092		

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A 092	Continued From page 6 certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide therapeutic diets as ordered by the resident's health care provider for one (Resident # 4) of one resident sampled. Findings included: A resident record review conducted on for Resident #4 revealed a physician order to modify diet dated change to mechanical diet. An interview conducted on at 10:15 a.m with the Kitchen Director stated, they stated the kitchen staff had a diet binder and did not have any orders for Resident # 4. An interview conducted on at 1:00p.m. with Resident #4's family member, she stated "No one in the family knew she had , we	A 092		

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A 092	Continued From page 7 have not made any arrangements to replace them she does not want to do so, she won't even let us put them in her . . . , so her physician put an order for therapeutic diet in , and it has been hit or miss they gave her a meatball sub last time." An interview conducted on at 1:15 p.m. with Memory Care Director she stated, "When I get an order from the physician to change the diets and I fill out a form and it to the kitchen or sometimes just give them the order, like I did in this case. The kitchen is responsible for the follow up." An interview with the Administrator at 2:10 p.m. she stated "we do not have written process for staff to notify the kitchen of diet changes, but the process is to fill out a form or give them the orders. The kitchen is responsible to maintain the information in the diet binder." Class III	A 092		