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
	AL11910672	A. BUILDING: _____ B. WING _____	05/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING FOREST TRACE	5500 NW 69TH AVENUE LAUDERHILL, FL 33319

(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 Relicensure, Complaint (#2022001169, #2022001780, #2022004528, #2022013366 and #2023006718) and Generator Monitoring survey was conducted on [redacted] through [redacted] at Pacifica Senior Living Forest Trace. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for [redacted], not to exceed 4	A 056		

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A 056	Continued From page 1 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample	A 056		

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A 056	Continued From page 2 or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were refilled in a timely manner for residents who receive Assistance with the Self-Administration of Medications for 1 of 8 sampled residents observed during a medication pass, specifically Resident #8. The findings included: Review of the facility's Medication Refill Policy dated . . . . . stated in part, 'Policy - Medication refills will be obtained in a timely manner to ensure residents have all physician ordered medication available. Procedure - the Med Tech on duty contacts the dispensing pharmacy to obtain a refill at least seven (7) days prior to running out of a medication...The medication is entered on the Refill/New Order Roster... Med Techs ensure medications are not allowed to run out, unless directed to do so by the physician.	A 056		

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A 056	Continued From page 3 This is done by coordinating refills with the pharmacy and responsible party.... Each shift of Med Techs is responsible to make any necessary reminder and follow up calls to assist with receipt of medications...When there is a delay in the receipt of the medications that results in the availability of the medications to be given, the Resident Care Director is notified.' During review on at 12:03 PM of Resident #8's Medication Observation Record (MOR), revealed the tears 1.4% one drop both 4 times a day were unavailable on at 8:00 AM and 12:00 PM. In an interview conducted with Medication Technician (MT) Staff B during the observation of the medication pass at 12:03 PM on , an inquiry was made about the status of the tears. MT Staff B stated that the medication was not available. MT Staff B stated the medication refill request was sent to the Pharmacy and the medication has not been received to date. MT Staff B was asked when was the medication was requested from the pharmacy to be refilled. MT Staff B stated it was sent last week. A request was made to MT Staff B to show the request in their electronic computer generated pharmacy MOR system. MT Staff B was unable to show the medication refill was requested in the system at this time. On at 12:59 PM, the Director of Nursing produced a pharmacy fax that was received on at 12:59 PM, after the observation of the medication pass conducted with MT Staff B. Further review of the facility electronic computer generated pharmacy system revealed no evidence of a prior request sent to the pharmacy	A 056		

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A 056	Continued From page 4 for the refill of the . . . . Tears which were not available to be administered during the medication pass conducted on . . .. at 12:03 PM. On at 4:41 PM, during the exit conference conducted with the Administrator, Business Office Manager and Director of Nursing, they acknowledged the finding. Class III	A 056		
A 078	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 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	A 078		

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A 078	Continued From page 5 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. (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:	A 078		

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A 078	Continued From page 6 Based on record review and interview, the facility failed to ensure 4 of 4 employee files reviewed contained evidence of an annual Health Care Provider statement the employee was free from ( ), specifically Staff A, Staff B, Staff C and the Administrator. The findings included: 1) Review of Medication Technician Certified Nursing Assistant Staff A's employee file revealed a hire date of to work the 7:00 AM to 3:00 PM shift. Further review of the employee file revealed a statement from a Health Care Provider dated the employee was free from with an expiry date documented as of . There was no evidence of a health statement from the expiry date of the latest certificate available for review. 2) Review of Certified Nursing Assistant Medication Technician Staff B's employee file revealed a hire date of to work the 3:00 PM to 11:00 PM shift. Further review of the employee file revealed the latest evidence of an annual statement from a Health Care Provider the staff member was free from was a , dated . In an interview conducted with the Administrator, Director of Nurses and Business Office Manager on at 3:31 PM, they stated that the , is good for every two years, so they had the understanding that it was sufficient. This Surveyor explained to the Business Office Manager the regulatory requirement, staff are required to have an annual statement they are free from . 3) Review of Home Health Aide Staff C's employee file revealed a hire date of to work the 11:00 PM to 7:00 AM shift. Further	A 078		

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A 078	Continued From page 7 review Staff C's employee file revealed the latest evidence of an annual statement from a Health Care Provider the staff member was free from was dated . 4) Review of the Administrator's employee file revealed a hire date of to work the 8:00 AM to 5:00 PM shift. Further review of the Administrator's employee file revealed the latest evidence of an annual statement from a Health Care Provider the staff member was free from was dated . On at 4:41 PM, during the exit conference conducted with the Administrator, Business Office Manager and Director of Nursing, they acknowledged the findings. Class III	A 078		