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
	AL11969421	A. BUILDING: _____ B. WING _____	05/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OASIS RAQUEL ALF INC	3078 DREW WAY PALM SPRINGS, FL 33406

(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 and Generator Monitoring survey was conducted on . . . . . at Oasis Raquel ALF Inc. The facility had a deficiency identified related to the Relicensure at the time of the survey.	A 000		
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 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	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure that the medication observation record (MOR) was accurately documented by 2 of 2 sampled employees, the Administrator and Employee B, specifically related to Resident #3 and Resident #6. The findings included: 1) Review of the MOR on revealed that Resident #3 was prescribed 100 units/M (Inject 65 units daily at bedtime for) at 8:00 PM. It was also noted that the MOR was signed by two different individuals, the Administrator and Care Aide Employee B. A subsequent review of the Resident Health Assessment (AHCA form 1823) dated , revealed that Resident #3 required assistance with medication administration. The Administrator reported on at 1:23 PM, that she signed the MOR, but she did not administer the . She informed that they have a Nurse who comes by to administer the medication. The Administrator acknowledged that she mistakenly signed the MOR for the administration. 2) Furthermore, it was noted Resident #6 was prescribed two medications that were to be administered daily. The medications were: 2% , start date of , to (APPLY TO AFFECTED AREA TO THREE TIMES A DAY 8:00 AM; 2:00 PM; 8:00 PM).	A 054		

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A 054	Continued From page 2 In an interview conducted on at 2:13 PM with Resident #6, she said that she has not been using the . The Administrator also said that they no longer apply it since the was resolved. She said she will call the Pharmacy to discontinue the prescription. Also, there was an order dated to apply VOLTAREN 1% GEL to Resident #6's . (APPLY 4 GRAMS TO BOTH . THREE TIMES A DAY for), at 8:00 AM; 2:00 PM; 8:00 PM. There was no indication that this medication was being administered. The slot for that medication on the MORs had no signature. There were no notes or Physician orders to indicate that the medications were discontinued. Resident #6 stated on at 2:43 PM that she had told the Administrator to call the Pharmacy to stop the order because she had to pay for it with her own funds, and it was too expensive. The Administrator stated during the exit meeting conducted on at 3:34 PM, that she will contact the resident's Physician to have him discontinue the medications. Class III	A 054		