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
	AL11911196	A. BUILDING: _____ B. WING _____	05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGARMILL MANOR	8985 S. SUNCOAST BLVD. HOMOSASSA, FL 34446

(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 2022005855) was conducted at Sugarmill Manor on , , through , , ... Deficiencies were identified at the time of the survey.	A 000		
A 036	59A-36.007(10) CONTROL PROCEDURES (10) . . CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . . . . . . (a) The facility must implement a . . . hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or . . . , ... hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an . . . . . exposure to transmissible agents in , , , , ... , nonintact skin, and mucuous . . during the provision of personal services. Standard precautions include: . . . hygiene, and dependent upon the exposure, use of gloves, gown, mask, , . protection, or a . . . shield. (c) The facility must clean and . . . . . reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide services in a manner that	A 036		

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A 036	Continued From page 1 reduces the risk of transmission of for 1 of 2 residents observed during medication pass, Resident #7. Findings: During an observation on at 6:12 AM of the medication pass Staff B, Medication Technician (MT) was observed donning gloves, Staff B did not wash or sanitize her . Staff B dropped the glove for her left on the floor, picked the glove up off the floor, and put it on. After donning the contaminated glove, Staff B prepared the medications for Resident #7. After entering Resident #7's room, Staff B assisted with the self-administered of the medication, and used a (to measure and display the amount of sugar in the) for the resident. Staff B did not remove her gloves after using the on Resident #7, and she did not wash or sanitize her . Staff B went to the medication cart and prepared the medications for another resident, Resident #8, without removing her soiled gloves or washing or sanitizing her . During an interview on at 6:35 AM, Staff B stated, "I forgot to change my soiled gloves or to sanitize my between residents. I dropped the glove on the floor and should have thrown it away." Class III	A 036		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes:	A 052		

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A 052	Continued From page 2 (a) Taking the medication, in its previously dispensed, properly labeled container, including an . . syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (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. (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 . (h) Using a . . . . . to perform . . . . . level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an	A 052		

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A 052	Continued From page 3 but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration 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 4 (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	A 052		

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A 052	Continued From page 5 medication is away from the facility and from facility staff, the following options are available to 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, interview, and record review, the facility failed to ensure staff were not administering medication without a license for 1 of 3 residents, Resident #4.	A 052		

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A 052	Continued From page 6 Findings: During the medication observation conducted on at approximately 6:30 AM, Staff A, Medication Technician (MT), dialed the to adjust the dosage and injected the into Resident #4's left arm. During an interview on , at approximately 6:35 AM, Staff A, MT stated Resident #4 does not inject herself because she is unable to do it. She always does Resident #4's Accu-cheks (monitoring) and injects Resident #4's . During an interview on , at approximately 10:40 AM, the Assistant Administrator confirmed the facility does not have a Licensed Practical Nurse or Registered Nurse on staff, only MTs. During an interview on , at approximately 9:00 AM, the Administrator confirmed MTs can only assist residents with such as over . The Administrator stated MTs should not be injecting and they should not be dialing the . Review of Resident #4's Medical Observation Record read, 100 units/milliliter, 24 units once daily in the mornings and 16 units at bedtime. Class II	A 052		
A 055	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL.	A 055		

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A 055	Continued From page 7 (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 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	A 055		

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A 055	Continued From page 8 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 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	A 055		

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A 055	Continued From page 9 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 and interview, the facility failed to ensure medications were properly stored in a secure place for 4 of 20 residents residing on the North Hallway, Residents #5, #6, #7, and #8. Findings: During an observation on beginning at 6:30 AM a medication, tears was observed on Resident #5's bedside table. On the bedside table of Resident #6 there was an open bottle of 325 MG (milligrams), Powder (an medicine used to treat certain kinds of fungal or yeast of the skin), and a bottle of (used for and , indigestion, and) on the sink in the resident's bathroom. Resident #7 had an opened bottle of 200 MG and a bottle Centrum on the bedside table. On the bedside table for Resident #8 there were two opened Trelegy inhalers (used to treat), two inhalers (used to treat or prevent in patients with , and other), and an opened bottle of Relief tablets. Review of the clinical records for Residents #5, #6, #7, and #8 did not contain documentation the residents are safe to have medications at the bedside for self-administration.	A 055		

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A 055	Continued From page 10 Review of the Form 1823 (used to establish eligibility for assisted living services) for Residents #5, #6, #7, and #8 documented the residents require assistance with self-administration of medications. During an observation on beginning at 12:10 PM with the Facility Supervisor of the residents' rooms residing on the North Hallway a bottle of tears was observed on Resident #5's bedside table. On the bedside table of Resident #6 there was an open bottle of 325 MG), Powder, and a bottle of on the sink in the resident's bathroom. Resident #7 had an opened bottle of 200 MG and a bottle Centrum on the bedside table. On the bedside table for Resident #8 there were two opened Trelegy inhalers, two inhalers, and an opened bottle of Relief tablets. During an interview on at 12:29 PM with the Facility Supervisor a review was completed of the facility clinical records for Residents #5, #6, #7, and #8. The Facility Supervisor stated, "None of these residents has a physician order to have medications at their bedside for self-administration. All of these residents have an order for assistance with self-administration. None of the residents should have medications at their bedsides. Review of the policy and procedure titled, "Medication Storage" read, "Both prescription and over-the counter-medications for residents must be centrally stored if; the facility's rules and regulations require central storage of medications.	A 055		

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A 055	Continued From page 11 Class III	A 055		
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 , , not to exceed 4 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	A 056		

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A 056	Continued From page 12 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 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,	A 056		

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A 056	Continued From page 13 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 record review and interview the facility failed to ensure medications were properly administered for 1 of 5 residents, Resident #7. Findings: Review of Resident #7's physician orders dated read 20 MG [milligrams] by once a day until . Review of the MOR for for Resident #7 did not document 20 MG was provided to the resident for the month of . Review of the Treatment Administration Record (TAR) for documented 20 MG was being provided to Resident #7 twice a day at 8:00 AM and 8:00 PM per initialing of the MOR by the Medication Technician. Review of the TAR for , documented Resident #7 was provided 20 MG twice a day through , at 8:00 AM and 8:00 PM per initialing of the TAR by the Medication Technician. Review of the MOR for , - 30, 2022 documented Resident #7 was provided 20	A 056		

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	AL11911196	A. BUILDING: _____ B. WING _____	05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGARMILL MANOR	8985 S. SUNCOAST BLVD. HOMOSASSA, FL 34446

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A 056	Continued From page 14 MG one time daily per initialing of the MOR by the Medication Technician. Review of the MOR for , - 11, 2022 documented Resident #7 was provided 20 MG one time daily per the initialing of the MOR by the Medication Technician. Review of Resident #7's facility record did not contain a physician order for after the stop date of . During an interview on at 11:00 AM the Assistant Administrator stated, " 20 MG for resident #7 is not on the MOR for the month of . The Pharmacy for some unknown reason put the [a medication not a treatment] on the TAR for to be given twice a day. The physician's order for the read for the to be given once a day from , until , . I do not know why the TAR showed to administer the twice a day or why the Medication Technician did not catch the medication [ ] was not listed on the MOR but was on the TAR instead. I do not know where the order is for the resident to continue taking the after . There is no order in the portal or on file." Class III	A 056		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the	A 084		

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A 084	Continued From page 15 self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored	A 084		

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A 084	Continued From page 16	A 084		

tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an "as needed" prescription order;
d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;
e. Complete a medication observation record;
f. Retrieve and store medication;
g. Recognize the general signs of adverse reactions to medications and report such reactions;
h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;
i. Assist with ;
j. Use a to perform testing;
k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels;
l. Apply and remove stockings and hosiery;
m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and,
n. Measurement of , rate, temperature, and , rate.
(c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training,

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A 084	Continued From page 17 must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 4 staff completed the required annual minimum two hours of continuing education training for providing assistance with self-administration of medications, Staff A. Findings: Review of the employee record for Staff A, Medication Technician (MT) documented a hire	A 084		

Agency for Health Care Administration

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A 084	Continued From page 18 date of . . . . Staff A's employee record revealed no documentation of a two-hour annual continuing education training required to provide assistance with self-administration of medication. During an interview on at approximately 6:35 AM, Staff A, MT stated she took the six-hour course for assistance with self-administration of medication more than a year ago. Staff A stated, she has not completed the two-hour update. During an interview on , at approximately 9:00 AM, the Administrator confirmed Staff A is a MT and does assist residents with medications, but she has not completed the two-hour required continuing education. Class III	A 084		