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
	AL11967962	A. BUILDING: _____ B. WING _____	06/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTSTAR ASSISTED LIVING LLC	1613 SW MERIDIAN AVE PORT SAINT LUCIE, FL 34953

(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 were conducted at Brightstar Assisted Living LLC on and concluded on . The provider had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 052	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.	A 052		

AHCA Form 3020-0001

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

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A 052	Continued From page 1 (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 . (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	A 052		

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A 052	Continued From page 2 reason for administration requires judgment or discretion on the part of the unlicensed person. (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 3 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, record review and interview, Caregiver Staff A failed to orally advise 2 of 2 sampled residents observed during medication pass of their medication names and dosages, specifically Resident #1 and Resident #2.	A 052		

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A 052	Continued From page 4 The findings included: 1) During observation of assistance with self-administered medication on [redacted] at 8:00 AM, Caregiver Staff A removed the following medications from their labeled container and bubble-pack and placed them in a small medication cup. Caregiver Staff A then handed the medication cup to Resident #2 without orally advising Resident #2 of each of the medications and dosages provided: [redacted] 800 milligrams (mg) [redacted] 10 mg [redacted] D3 2000 IU (International Units) [redacted] 15 mg 2) During observation of assistance with self-administered medication on [redacted] at 8:05 AM, Caregiver Staff A prepared 30 milliliters of [redacted] per direction and provided it to Resident #1 to drink. She did not orally advise the resident of the medication or dosage. Caregiver Staff A then removed the following medications from their labeled bubble-pack and placed them in a small medication cup. Caregiver Staff A handed the medication cup to Resident #1 without orally advising Resident #1 of each of the medications and dosages provided: [redacted] 5 mg [redacted] 81 mg [redacted] 10 mg [redacted] 10 mg [redacted] 4 mg Hydrochlorthiazide 12.5 mg [redacted] 750 mg [redacted] 40 mg Mematine [redacted] 10 mg [redacted] 500 mg [redacted] Succ ER 50 mg	A 052		

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A 052	Continued From page 5 On at 9:00 AM, the Administrator confirmed that neither Resident #1 or Resident #2 had signed a written waiver to opt out of being orally advised of the medication name and dosage administered. The Administrator and Caregiver Staff A acknowledged that medication names and dosages should be told to residents at the time the medications are provided. Class III	A 052		
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 [illegible] 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	A 054		

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A 054	Continued From page 6 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 Provider failed to ensure staff immediately updated the Medication Observation Record (MOR) each time a resident's medication is offered for 4 of 4 sampled residents, specifically Resident #1, Resident #2, Resident #3 and Resident #4. The findings included: 1) On at 9:00 AM, Caregiver Staff A stated that she had already provided the 8:00 AM medications to each of the 4 residents currently residing in the facility. A review of the MOR on at 9:05 AM, showed that the following 8:00 PM medications for all 4 residents were already initialed, even though they had not yet been provided: Resident #1: 750 milligram (mg) twice daily Resident #2: 80 mg once daily at 8 PM 150 mg each day at bedtime Resident #4: 100 mg each day at bedtime ER 500 mg, 2 tablets each day at bedtime 400 mg each day at	A 054		

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A 054	Continued From page 7 bedtime 150 mg each day at bedtime 2) The MOR also showed that on , , and for the 8 AM medications on , the following residents had no staff initials verifying their medications were provided on these dates and times: Resident #1: Mematine 10 mg once daily (8 AM) 500 mg twice daily (8 AM and 8 PM) 30 mls three times daily (8 AM, 2 PM, and 8 PM) Resident #2: , 30 mg twice daily (8 AM and 8 PM) 3) For Resident #3, the MOR is dated through , even though charting is for through . The following medications for Resident #3 were handwritten on the MOR and documented as: 100-50 Diskus, inhale 1 puff into twice daily, but Caregiver Staff A only initialed as having provided medication one time per day. Fish Oil 1200 mg twice daily as needed, but Caregiver Staff A only initialed as having provided medication one time per day. Iprat-Albut 0. (2.5) mg, one vial via three times daily, but Caregiver Staff A only initialed as having provided medication one time per day. 4) During observation of assistance with self-administered medication on at 8:00 AM, Staff A provided the following medications to	A 054		

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A 054	Continued From page 8 Resident #2: 800 mg 10 mg D3 2000 IU (International Units) 15 mg On at 9:15 AM, after Caregiver Staff A was finished with providing medications to Resident #2, the MOR was reviewed, and it was found that Caregiver Staff A had failed to initial the D3 as given. It was also noted that there were 3 additional 8 AM medications that had been provided before this surveyor's observation began, and these medications had not been initialed by staff: 2 mg once daily (8 AM) 4 mg once daily (8 AM) 30 mg twice daily (8 AM and 8 PM) On at 8:05 AM, Caregiver Staff A provided the following medications to Resident #1: 30 ml (milliliters) 5 mg 81 mg 10 mg 10 mg 4 mg Hydrochlorthiazide 12.5 mg 750 mg 40 mg Mematine 10 mg 500 mg Succ ER 50 mg On at 9:15 AM, after Caregiver Staff A was finished with providing medications, the MOR was reviewed, and it was found that none of the 8 AM medications were initialed as given for	A 054		

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A 054	Continued From page 9 Resident #1, except for the . . . . . Solution and the , 5 mg. During resident interviews with Residents #1, Resident #2, Resident #3 and Resident #4 on , each resident stated they received their medications each day. On . . . . . at 6:07 PM, via email, the Administrator was informed of the concern found with the medication observation records. On at 9:15 AM, the Administrator and Caregiver Staff A were informed of the deficient practice observed concerning the failure to immediately document each time the resident is offered their medications. Caregiver Staff A confirmed that she did not immediately document each time she provided medications. The Administrator informed Caregiver Staff A that it was expected that she document the provision of medications immediately after the medications were provided. Class III	A 054		
A 162	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next	A 162		

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A 162	Continued From page 10 of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of	A 162		

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A 162	Continued From page 11	A 162		

the required medication records maintained pursuant to Rule 59A-36.008, F.A.C.
(i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C.
(j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S.
(k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S.
(l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.
(m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C.
(o) The resident's , DH Form 1896, if applicable.
(p) For independent living residents who receive

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A 162	Continued From page 12 meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain on the premises a complete copy of Resident Health Assessments and a copy of the resident's contract with the facility for 1 of 2 sampled residents whose records were reviewed, specifically Resident #1. The findings included: On , during review of Resident #1's record, it was observed that the current Resident Health Assessment for Resident #1 (AHCA Form 1823) was missing pages 2 and 3 of the Health Assessment which contains information about Resident #1's Activities of Daily Living (ADLs), diet instructions, presence of communicable , , , presence of any physical or aggressive behavior, need for	A 162		

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A 162	Continued From page 13 24 hour nursing/, ... care, whether the individual's needs can be met in an ALF, ability to perform self-care tasks, and the extent to which the individual needs general oversight. Also missing from Resident #1's record was a copy of the resident's contract with the facility. Page 1 of an old contract was found in the record, but a complete, signed, current contract was not located. On at 9:30 AM, the Administrator stated that she had provided Resident #1's Resident Health Assessment to his Primary Care Physician to complete, but had only received . . . pages 1 and 4. She stated she would reach out to the Primary Care Physician to obtain the missing pages. The Administrator also stated that she had provided Resident #1's family member with a copy of the new resident contract to sign, but had not yet received the contract . . . from the resident's family member. The Administrator stated she would contact the family member and remind her to return the contract. Class	A 162		