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
	AL11970069	A. BUILDING: _____ B. WING _____	R 03/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR OF PUNTA GORDA LLC	10211 TAMIAMI TRL PUNTA GORDA, FL 33950

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{A 000}	Initial Comments An unannounced revisit survey was conducted on [redacted] at Hampton Manor of Punta Gorda LLC, an assisted living facility in Punta Gorda, Florida. This was a follow-up to the complaint survey for #2023000790 completed on [redacted]. The following is an AMENDED description of the uncorrected deficiencies found at the time of the visit. .	{A 000}		
A 052 SS=G	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	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 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 . (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	A 052		

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A 052	Continued From page 2 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. (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 , 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	A 052		

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A 052	Continued From page 3 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 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 staff interview, the facility failed to ensure staff who	A 052		

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A 052	Continued From page 4 assist with self-administration of medications do so in accordance with proper procedure for 2 (Residents #22, and #23) of 7 medication passes observed. The findings Included: 1. On at 8:57 a.m., observation of Med Tech Staff A assisting Resident #23 with medications revealed Staff A rolled the med cart outside of Resident #23's room, opened the computer and pulled up Resident #23's profile. Staff A opened the med cart and removed the medication cards from the cart and compared them to Resident #23's profile. Staff A opened the package of the Medication and removed the medication with her bare pacing the pill in the inhaler machine. Staff A took the inhaler into Resident #23's room and said, "I have your inhaler" and gave the inhaler with the medication to Resident #23, without telling her what medication the inhaler was or what it was for. No hygiene was performed before or after this medication pass. On at 9:10 a.m., Med Tech Staff A was observed assisting Resident #22 with medications. No hygiene was performed before the medication pass. Staff A rolled the med cart outside of Resident #22's room, opened the computer and pulled up Resident #22's profile. Staff A opened the med cart and removed the medication cards from the cart and compared them to Resident #22's profile. Staff A took the medication cards into Resident #22's room and said, "I can't pronounce the medications." Staff A showed the pills in the cards to Resident #22, without telling her what medication she was being given, the dosage or what it was for. Staff A exited the room and signed the EMARS. hygiene	A 052		

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A 052	Continued From page 5 was performed at the end of the medication pass. 2. On . . . . . at 12:15 p.m., Resident Care Director (RCD) said the med techs are required to read all the medications they are assisting the resident with to them with the directions and perform . . hygiene between every med pass. They are instructed to not touch any medications with their bare . . . . . The RCD confirmed the Staff A did not follow proper procedure with med pass. 3. Record review of the medication training provided to the Med Techs since included a training for Med-Tech initial training, Error Prevention, and HIPPA Compliance with no hours specified on . . . . . by the Consultant Pharmacist. An second 6 hour Med-Tech initial training, Error Prevention and HIPPA Compliance course was presented by the Consultant Pharmacy on . . . . . Both classes were attended by Staff A. Class II .	A 052		
A 056 SS=G	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	A 056		

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A 056	Continued From page 6 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 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	A 056		

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A 056	Continued From page 7	A 056		

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,
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 interviews, the facility failed to ensure medications are ordered and refilled in a timely manner and to maintain all medications

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A 056	Continued From page 8 prescribed for the resident onsite in the medication cart for 3 (Residents #18, #21, and #22) of 5 residents reviewed. The findings included: Observation of the contents of the medication cart and record review of the Medication Observation Records (MORs) with the new Resident Care Director revealed the following: 1. For Resident #22, observation and record review revealed an incomplete order for , , 325 mg. give 3 tabs (975 mg) by EVERY HOURS FOR if needed. There is no order for how often it can be given. It was given once on , but is not available in cart . 2 mg ( ), medications not in cart. On ..... at 12:57 p.m., the new RCD confirmed the medications are current and listed on the MORs and are not in the medication cart. Review of MOR for Resident #22 for the month of on , revealed (used to treat high ,) was marked as not given as medication needs to be ordered. 2. For Resident #21, review of Medication cart and Medication Observation Record for Resident #21 revealed on , 100 mg (..... medication) was ordered but signed as not given at 2:00 p.m.; there was a blank space on the MARs and no documentation on the of Mars for reason medication was not given. Mapap Extra Strength 500 mg (, /) ordered twice daily, am dose was not given , noted need to order medication.	A 056		

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A 056	Continued From page 9 3. For Resident #18, observation and record review revealed 20 mg (milligrams) PRN (as needed) was ordered but was not in the med cart. is used to treat water retention. On at 12:33 p.m., the new RCD confirmed there was no in the cart for Resident #18. Review of MOR for the month of for Resident #18 revealed -Salmeterol 250-50 mcg (micrograms) (used to relieve) was ordered Inhale One Puff Twice Daily, but was only given once daily from to . It was not given on as medication was marked waiting on delivery from pharmacy. Align probiotic gummies were ordered, but not given on , , , and as the medication was marked not in cart, waiting on delivery from pharmacy as it was out of stock, and medication reordered. 4. Review of the Medication Cart Review audit form completed by the Consultant Pharmacist included the questions, "Does the cart contain all active medications for the resident located on MOR?" and "Are refills being ordered in a timely manner to ensure compliance?" These questions were marked "No" on and . Record review revealed two additional Pharmacy Cart Audits were completed by a Registered Pharmacy Tech on and . Both of these also were marked "No." A three page form was utilized by the facility to continue the audits. Audits completed from through were reviewed. The audits included the statement, "All medications in the cart are accounted for in the EMAR system."	A 056		

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A 056	Continued From page 10 The answers from . . . . through . . . . were either "Yes" or left blank. The form did not address if all medications on the EMOR were present in the cart. On at 3:45 p.m., RCD reviewed Medication Observation Records and acknowledged the facility was still having issues with medications not at the facility and in the med cart for staff to assist with for residents. Class II .	A 056		
{A 077} SS=G	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement.	{A 077}		

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{A 077}	Continued From page 11 Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances,	{A 077}		

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{A 077}	Continued From page 12 such as the . . . . . of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile . . . . . of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , . , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not . . . . . , serve as an administrator	{A 077}		

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{A 077}	Continued From page 13 of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility Administrator failed to ensure medication cart audits and medication training was being conducted by a Licensed Consultant Pharmacist. The Administrator failed to have a system for monitoring medication assistance, or any written process for filling and refilling medications. The facility failed to follow the Quality Assurance Policy and Procedures for monthly meetings. The findings included: 1. On at 9:40 a.m., observation of 6-hour medication class being conducted by the facility's Pharmacy revealed 6 facility staff members signed in on the sign in sheet and attending class. The sign in sheet indicated, "Med Tech Class at Hampton Manor, ... 8:00am (2 hour recert/update or 6 hour full certification)." On at 10:57 a.m., during an interview, a Pharmacy Employee for the facility's . . . . . Pharmacy stated he has been coming to the facility monthly to complete med cart audits for the facility and conducting med training for the	{A 077}		

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	AL11970069	A. BUILDING: _____ B. WING _____	R 03/30/2023

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{A 077}	Continued From page 14	{A 077}		

facility staff. He said he was currently conducting a 6-hour med class for the staff attending today. The Pharmacy Employee said the last audit he completed was on and the facility still had discrepancies including discontinued medications in the med cart, 2 PRN medications not in the cart, inhalers were being used with no dates of openning indicated on the inhalers, creams and oils being used for residents, medication not in the cart and on the Medication Observation Record (MOR). He said he would be completing a med cart audit after he finished teaching the med class in the afternoon.

On at 2:58 p.m., during an interview with the facility's Pharmacy Employee, the Registered Pharmacy Technician (RPT) confirmed he completed the 6-hour med class with 4 new staff and 2 renewals. He gave a false last name and stated his license number was PS29761. When reviewed the license showed the trainer claimed to be a Pharmacist.

On at 3:36 p.m., during an interview, the Consultant Pharmacist confirmed his employee is a Registered Pharmacy Technician. The Consultant Pharmacist confirmed he did not do any audits weekly, they were all completed by the RPT.
On at 11:00 a.m., the Consultant Pharmacist said when the facility received the citations, the previous Executive Director asked him for help and informed him that he and his staff could come and do the audits and trainings.

Review of The Department of Health's on-line state issued license for the facility's Pharmacy Employee confirmed he is a Registered Pharmacy Technician and not a Consultant Pharmacist as required by Rule

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{A 077}	Continued From page 15 59A-36.011(6) Florida Administrative Code. On . . . . . at 4:00 p.m., during an interview, the Executive Director (ED) said the med class completed today was done by a "Pharmacist." She said she was not aware he could not conduct the med class trainings. She acknowledged the class was not conducted by a Consultant Pharmacist or Registered Nurse and he did not meet required criteria according to the regulations. She said the facility's . . . . . Pharmacy sent a Registered Pharmacy Technician to teach the class. There is no system to make sure they are in the cart as per the resident med list. She verified she had not seen the Recommended Plan of Correction or the Consultant Pharmacist's recommended Action Plan. A review of the Agency data system revealed the ED became the ED effective . Rule 59A-36.023(3)(a)(2) Florida Administrative Code requires the facility to have available for review a copy of the license of the Consultant Pharmacist or Registered Nurse who is consulting. The Executive Director did not require or receive license verification for the "Consultants" performing training in her building. 2. Observation of the contents of the medication cart and record review of the Medication Observation Records (MORs) with the new Resident Care Director revealed the following: A. For Resident #22, observation and record review revealed , 325 mg, 2 mg ( ), medications not in cart. On at 12:57 p.m., the new RCD confirmed the medications are current and listed on the MORs and are not in the medication cart.	{A 077}		

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{A 077}	Continued From page 16 Review of MOR for Resident #22 for the month of on , revealed (used to treat high ,) was marked as not given as medication needs to be ordered. B. For Resident #21, review of Medication cart and Medication Observation Record for Resident #21 revealed on no , 100 mg (medication) signed as given at 2:00 p.m.; there was a blank space on the MARs and no documentation on the of Mars for reason medication was not given. C. For Resident #18, observation and record review revealed 20 mg (milligrams) was not in the med cart. is used to treat water retention. On at 12:33 p.m., the new RCD confirmed there was no in the cart for Resident #18. Review of MOR for the month of for Resident #18 revealed 50 mcg (micrograms) (used to relieve) was not given on as medication was marked waiting on delivery from pharmacy. Align probiotic gummies were not given on , , , and as the medication was marked not in cart, waiting on delivery from pharmacy and medication reordered. D. Review of the Medication Cart Review audit form completed by the Consultant Pharmacist included the question, "Does the cart contain all active medications for the resident located on MOR?" This was marked "No" on . Record review revealed two additional Pharmacy Cart Audits were completed by a Registered Pharmacy Tech on and . Both of these also were marked "No."	{A 077}		

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{A 077}	Continued From page 17 A three page form was utilized by the facility to continue the audits. Audits completed from through were reviewed. The audits included the statement, "All medications in the cart are accounted for in the EMAR system." The answers from through were either "Yes" or left blank. The form did not address if all medications on the EMOR were present in the cart. On at 3:45 p.m., RCD reviewed Medication Observation Records and acknowledged the facility was still having issues with medications not at the facility and in the med cart for staff to assist with for residents. Review documentation of medication cart audit completed by Facility's Pharmacy RPT documented med cart completed on and indicated the facility was still having discrepancies. The audit was signed by the Pharmacy RPT and was not completed by the Consultant Pharmacist as required by Rule 59A-36.023(3)(a) Florida Administrative Code. On at 2:58 p.m., during an interview with the facility's Pharmacy RPT, he confirmed he completed the med cart audit for cart 1 on the Assisted Living. 3. On , the facility was provided with a Recommended Plan of Correction which recommended the facility to develop and implement a Quality Assurance Program to include policies and procedures, training and monitoring system to ensure unlicensed personnel do not administer medications, assist with medications that are not allowed. The Policy and Procedure must align with Florida Statute	{A 077}		

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{A 077}	Continued From page 18 and Florida Administrative Code. The goal of the QA program is to identify and correct concerns with quality of resident care practices. The QA program must include data collection and monitoring to maintain compliance with deficient practices identified by the Agency. Due on or before . . . . . . Review of Hampton Manor Punta Gorda Assisted Living Plan of Correction dated for Quality Assurance Item C. A Consultant Pharmacist will perform additional audits on patient profiles via QuickMar and additional onsite visits weekly for the next 4 weeks and then monthly. No documentation of audits on patient profiles completed by the Consultant Pharmacist were provided. Review of Hampton Manor of Punta Gorda Assisted Living Facility's Quality Assurance Plan of Correction included the "Facility's Quality Improvement team has established a risk management and quality assurance program, to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and has developed plans of action to correct and respond quickly to identify quality differences as required by Chapter 429 Section 23 of the Florida Statutes. Quality Assurance/Quality Improvement team will meet monthly or as often as necessary to address any issues presented to ensure timely correction and compliance. A review of the Medication: Disposition of Medications Policy (unsigned and undated) for disposition of medications included under d. Medications (excluding controlled medications) "shall be destroyed at the facility or returned to a	{A 077}		

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{A 077}	Continued From page 19 pharmacy within 90 days of the expiration or discontinuation of the medication or following the . . . . of a resident." and Under Medications: Controlled Substances" d. "Controlled Substances that are expired, discontinued or no longer required shall be returned to the pharmacy within 90 days of the expiration or discontinuation of the medication or following the of a resident. . . " Rule 59A-36.008(6)(d)(f) Florida Administrative Code includes: 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. . ." A review of Medication Management Plan (unsigned and undated) speaks to Medication Administration and Staff who administer medications. The training process allows for "successfully passing the written examination within within 90 days after successful completion of the clinical skills validation portion of a competency evaluation according to Rule 503 of this section." Rule 59A-36.011(6) Florida Administrative Code requires unlicensed persons who will be providing assistance with the self-administration of medications complete an initial 6 hour training which includes demonstration 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. On at 3:00 p.m., ED said she was not here in . . . . . , and has no documentation of any QA meeting done in , and did not find any documentation of QA meeting held in	{A 077}		

Agency for Health Care Administration

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{A 077}	Continued From page 20 Review of cart audits completed by RCD for indicated as marked yes for all medications in the medication cart are accounted for on the EMORs. On at 3:45 p.m., RCD reviewed Medication Observation Records and acknowledged the facility was still having issues with medications not at the facility and in the med cart for residents. The RCD confirmed the facility does not have documentation of a written procedure for refilling medications, new medications and having medications onsite in the med cart. On at 4:00 p.m., Executive Director acknowledged the audits were not all conducted by a Consultant Pharmacist or Registered Nurse, and do not meet the required criteria according to the regulations. The Executive Director said the only audits she has received from the pharmacy are the med cart audits. Class II .	{A 077}		