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
	AL11965818	A. BUILDING: _____ B. WING _____	06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE MARY	150 MIDDLE STREET LAKE MARY, FL 32746

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CZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	CZ821		

AHCA Form 3020-0001

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

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CZ821	Continued From page 1 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	CZ821		

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CZ821	Continued From page 2 at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up	CZ821		

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CZ821	Continued From page 3 to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to electronically submit to the Agency a preliminary report within 1 business day and a full report within 15 days of 1 of 1 sampled resident having a condition that required the transfer of the resident from the facility to a hospital with an outcome of following a at the facility (#2). Findings: 1. Review of a preliminary report that was submitted to the Agency on revealed that on at approximately 5 am, staff found resident #5 laying on her right side on the floor next to her bed. She sustained a on the right side of her . 911 was called and she was transported to a hospital. The Agency accepted the report on . The Agency administratively closed the report on because the full report was not received from the provider. 2. Review of a preliminary report submitted to the Agency on revealed that on at approximately 10:20 am, resident #6 was heard	CZ821		

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CZ821	Continued From page 4 yelling for help. He was found sitting on his on the floor in a puddle of water with his extended. He said, "I slipped and dropped my water". He complained of left . 911 was called and he was transported to a hospital. The Agency required additional information on . The Agency administratively closed the report on because requested information was not received from the provider. On at 3:45 pm, when the findings were discussed with the administrator, she said it looked like it was just an oversight when the reports were not submitted. On at 6:03 pm, the director of nursing said she did receive alerts from the Agency when additional information was requested. She said when she tried to send the information and tried to submit the final 15-day report, she was unable to get the information she submitted to save in the system. When asked if she contacted the Agency for help, she replied that she had not. The administrator then said she did not know the director of nursing had trouble with the system. Unclassified	CZ821		
A 000	Initial Comments A complaint investigation #2022018746 was conducted at Brookdale Lake Mary on . The facility had deficiencies at the time of the survey.	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin	A 052		

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A 052	Continued From page 5 429.256 (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. (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	A 052		

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A 052	Continued From page 6 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 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	A 052		

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A 052	Continued From page 7 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 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	A 052		

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A 052	Continued From page 8 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 observations, record reviews and interviews, the facility failed to ensure the unlicensed staff who assisted 2 of 2 sampled residents with medications followed the correct procedures (#2 and #4). Findings: Observations made during medication passes revealed the following: On . . . . . at 9:50 am - Med Tech A approach resident #4 in the dining room with cup a of water, meds in cup, and stated "let's go to your room for your meds." Med Tech A escorted the resident to	A 052		

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A 052	Continued From page 9 her apartment and began to stir crushed meds in a cup which was mixed with what appeared to be applesauce. Med Tech A did not state the names or doses to the resident. The resident grabbed the cup from med tech's and attempted to pour meds into her . The resident was unable to remove the applesauce from the cup by pouring. The med tech removed the cup from residents' , continued stirring and placed a scoop of applesauce onto spoon. The resident took the spoon from the med tech's and placed in her . After the resident finished eating the applesauce, she was handed the cup of water and cued to drink all of it. The med tech returned to the med cart to retrieve the residents' Medication Administration Record's and did not follow hygiene by washing or sanitizing her . On at 9:57 am - Med Tech A confirmed all findings by verbalizing she had received the proper training for Medication Training, Self-Administration and aware of the improper procedures including hygiene. On at 9:45 am, med tech B was seen walking down the memory care hallway carrying a medication cup that contained pills. She returned shortly thereafter still carrying it. She said resident #2 was sleeping so she would throw away the pills. She then threw them in a trash can. When asked if she received training on providing assistance with medications, she replied that she had. When asked whether she was taught in the training to take the medication packages to where the resident was, say the name of the med and	A 052		

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A 052	Continued From page 10 dose aloud, then pour them in the resident's presence, she replied that she did not pour them in the cup and that med tech A had. She said she was only helping med tech A give meds. On at 10 am, med tech A confirmed that she prepared the meds then gave them to med tech B to take to the resident. Review of med tech B's medication training revealed it was based on the agency for persons with (APD) curriculum and not that of the agency for healthcare administration. Class III	A 052		
A 054 SS=D	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	A 054		

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A 054	Continued From page 11 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 medication. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the medication observation records (MORs) for 2 of 2 sampled residents was accurately updated (#2 and #4). Findings: Review of resident #4's medication observation record (MOR) revealed her was signed as given on . On at 3:13 pm - The Director of Nursing confirmed by verbalizing the was out on MARs. The Director of Nursing reviewed the Log and confirmed the meds were last signed , by Med Tech C. The Director of Nursing verbalized there is no sheet for for to be given and no in cart. The was signed for but nothing present. I will have to call the pharmacy. was the last time the resident received the medication. On at 3:30 p.m. Med Tech C confirmed after reviewing the Log by verbalizing, "I	A 054		

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A 054	Continued From page 12 gave her the last pill on . . . . . to resident. I gave the label to the nurse for reorder. She did not receive it on . . . . . Oh, that's an error pointing to MARs which was signed by med tech D, she couldn't have given it, the resident is out." On . . . . . at 3:30pm Director of Nursing confirmed the findings the resident did not receive the medication on . . . and the . . . . . log was updated in error by med tech D. On at 9:45 am, med tech B was seen walking down the memory care hallway carrying a medication cup that contained pills. She returned shortly thereafter still carrying it. She said resident #2 was sleeping so she would throw away the pills. She then threw them in a trash can. When asked if she received training on providing assistance with medications, she replied that she had. When asked whether she was taught in the training to take the medication packages to where the resident was, say the name of the med and dose aloud, then pour them in the resident's presence, she replied that she did not pour them in the cup and that med tech A had. She said she was only helping med tech A give meds. Review of resident #2's MOR revealed his 8 am and 9 am medications were signed as given on . On at 2:45 pm, med tech A said that resident #2 did not receive his morning medications because he was sleeping at the time. She said she erroneously signed the MOR as though he did and would need to correct it. Class III	A 054		

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A 055	Continued From page 13	A 055		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (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	A 055		

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A 055	Continued From page 14 locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication 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	A 055		

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A 055	Continued From page 15 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 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 observations, record review and interview, the facility failed to ensure unlicensed staff who assisted with medications followed its policy on medication disposal for 1 of 2 sampled residents (#2). Findings: On . . . . . at 9:45 am, med tech B was seen walking down the memory care hallway carrying a medication cup that contained pills. She returned shortly thereafter still carrying it. She said resident #2 was sleeping so she would throw away the pills. She then threw them in a trash can. When asked if she received training on providing assistance with medications, she replied that she had. When asked whether she was taught in the training to take the medication packages to where the resident was, say the name of the med and dose aloud, then pour them in the resident's presence, she replied that she did not pour them in the cup and that med tech A had. She said she was only helping med tech A give meds. The medication she threw away was . . . . . , ... , 25-250 milligram tablet, 1 and one-half tablets. The facility's medication disposal policy	A 055		

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A 055	Continued From page 16 read, in part, unused non-controlled medication may be disposed of in a blender, cat litter, poured into a plaster of Paris mixture, or a drug disposal system, or as directed by the divisional director of clinical services, and then disposed of in the regular trash. On at 6:07 pm, the director of nursing said she informed the med techs that if medications needed to be wasted, they were to take them to a nurse to watch them waste them in a drug buster. She said it would not be appropriate for them to throw them in the trash. Class III	A 055		
A 056 SS=D	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	A 056		

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A 056	Continued From page 17 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 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	A 056		

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A 056	Continued From page 18 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 record reviews and interviews, the facility failed to ensure medications were refilled in a timely manner to ensure doses were not missed for 1 of 1 sampled resident who required assistance with self-administration of medications (#4). Findings: Review of resident #4's 1823 revealed she required assistance with self-administration of medications. Review of her , MORs revealed "16"	A 056		

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A 056	Continued From page 19 was charted for the ... Tablet 10 mg on - and - . The MORs legend indicated the medication was unavailable due to pharmacy action required. Review of her MORs revealed "16" was charted for ... Oral Tablet 0.5 mg on . The MORs also revealed "16" was charted for the ... Tablet 10 mg on , , , , and . The MORs indicated the medication was unavailable due to pharmacy action required. at 3:13pm - The Director of Nursing confirmed the medications were unavailable and the medication observation records were accurate. ... at 4pm - The Director of Nursing provided an E-Script issued on for the resident's ... medication and stated it should be delivered today from the pharmacy. at 4pm - The Director of Nursing confirmed by verbalizing "the pharmacy does not fill over the counter medications and we're not to send" (referring to ...). The Director of Nursing stated the family was notified for the residents ... . There was no documentation provided to support the staff calling the family. There was no documentation in the resident's record to indicate the facility took measures to obtain a refill prior to both medications running out. Class III	A 056		

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A 084 SS=D	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 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;	A 084		

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A 084	Continued From page 21 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 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	A 084		

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A 084	Continued From page 22 manipulation of the [illegible] site; and, n. Measurement of [illegible] rate, temperature, and [illegible] 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, 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 observations, review of training documents and interview, the facility failed to ensure 1 of 2 sampled staff who assisted with	A 084		

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A 084	Continued From page 23 self-administration of medications, obtained an acceptable 6-hour training on providing assistance with self-administration of medications (B). Findings: On at 9:45 am, med tech B was seen walking down the memory care hallway carrying a medication cup that contained pills. She returned shortly thereafter still carrying it. She said resident #2 was sleeping so she would throw away the pills. She then threw them in a trash can. When asked if she received training on providing assistance with medications, she replied that she had. When asked whether she was taught in the training to take the medication packages to where the resident was, say the name of the med and dose aloud, then pour them in the resident's presence, she replied that she did not pour them in the cup and that med tech A had. She said she was only helping med tech A give meds. Review of med tech B's medication training revealed it was based on the agency for persons with (APD) curriculum and not that of the agency for healthcare administration. On . . . . . at 5:50 pm, the administrator confirmed the finding and was unable to provide additional documentation. Class III	A 084		