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
	AL11932659	A. BUILDING: _____ B. WING _____	07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODMONT SENIOR LIVING	3207 NORTH MONROE STREET TALLAHASSEE, FL 32303

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A 000	Initial Comments An unannounced change of ownership survey with generator assessment, visitation policy review, and Comprehensive Emergency Management Plan (CEMP) review was conducted at Woodmont Senior Living Assisted Living Facility on . . . . . - . . . . . . Deficient practice was identified at the time of survey.	A 000		
A 052 SS=D	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 .	A 052		

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A 052	Continued From page 1 (d) Applying [illegible] 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 [illegible], including removing the cap of a [illegible], opening the unit dose of [illegible] solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the [illegible]. (4) Assistance with self-administration of medication does not include: (a) Mixing, [illegible], converting, or [illegible] 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 [illegible] of the body. (d) Administration of [illegible] preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [illegible], or [illegible] 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	A 052		

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A 052	Continued From page 2 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 noncompliance must be reported to the resident's health care provider and documented in the resident's record.	A 052		

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A 052	Continued From page 3 (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, interview, and record review, the facility failed to ensure unlicensed staff providing assistance with medication provided the medication during the physician ordered time during 1 of 2 medication	A 052		

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A 052	Continued From page 4 observations. (Resident #11) The findings include: An observation of Employee A, Medication Technician/Patient Care Assistant (MT/), providing assistance with medication to Resident #11 was conducted on at 12:30 PM. Employee A (MT/) placed one , , 5 milligram (mg) tablet (medication used to treat certain conditions of the and) into a medication cup. Employee A (MT/) was observed handing the medication cup to Resident #11 and Resident #11 was observed taking the medication. A review of Resident #11's current physician's order for , , , , revealed they were scheduled to receive the medication four times a day (before meals and at bedtime). An interview was conducted with Employee A (MT/) on at approximately 12:36 PM, who confirmed the physician's order for Resident ##11's , , , stated, "medication was to be given before meals". Employee A further confirmed that Resident #11 had eaten lunch before the medication was given. Employee A (MT/) stated the medication can not be provided before lunch because the time listed on the electronic Medication Observation Record is 1:00 PM and medications can only be provided one hour before or after that time. An interview was conducted with the facility's Resident Services Director on at approximately 12:00 PM, who confirmed the physician's order for Resident #11's , , stated medication	A 052		

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A 052	Continued From page 5 was to be given before meals. Class III	A 052		
A 078 SS=E	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of	A 078		

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A 078	Continued From page 6 education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on employee record reviews and staff interviews, the facility failed to ensure there was a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . for 3 of 3 employees reviewed (Staff A, B and C). The facility also failed to obtain evidence of a negative . . . examination annually for 1	A 078		

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A 078	Continued From page 7 of 3 employees reviewed. (Staff A) The findings include: A review of the employee record for Staff A revealed a hire date of as the Resident Services Director. There was no documentation of Staff A being examined by a health care provider to indicate Staff A is free from communicable or evidence of a negative . . . . . examination. A review of the employee record for Staff B revealed a hire date of as a Medication Technician. There was no documentation of Staff B being examined by a health care provider to indicate Staff B is free from communicable . A review of the employee record for Staff C revealed a hire date of . . . . . as a Medication Technician. There was no documentation of Staff C being examined by a health care provider to indicate Staff C is free from communicable . . . . . . On , an interview was conducted with the Executive Director about the missing medical evaluation forms for Staff A, B, and C. The Executive Director stated the missing documentation was due to change in ownership and that most of the employeees are new hires, but all of the employee files are in transition between the two companies. Information is therefore stored in multiple systems/locations. He stated the employee files are currently in the process of being updated. At this time, he confirmed that all the required documentation of employee health assessments are missing in employee files and he was unable to produce this	A 078		

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A 078	Continued From page 8 information prior to the conclusion of the survey. Class III	A 078		
A 082 SS=D	59A-36.011(4) FAC Training - / . (4) . . / . . . . . (. / . . .). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on employee record reviews and staff interviews, the facility failed to ensure staff completed a one-time education course on / . for 1 of 3 employees reviewed. (Staff B) The findings include: A review of the employee record for Staff B revealed a hire date of . . . . . as a Medication Technician. There was no documentation of Staff B completing an education course for / . . . On . . . . , an interview was conducted with the Executive Director about the missing training for Staff B. The Executive Director stated that the missing documentation was due to the change in ownership and that most of the employeees are	A 082		

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A 082	Continued From page 9 new hires. However, all of the employee files are in transition between two companies. Information is therefore stored in multiple systems/locations. He stated the employee files are currently in process of being updated. At this time, he confirmed that this required documentation training was missing in Staff B's file. He was unable to produce this information prior to the end of the survey. Class III	A 082		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on employee record reviews and staff interviews, the facility failed to ensure staff completed at least one hour of training in the facility's policies and procedures regarding for 1 of 3 employees reviewed. (Staff B)	A 090		

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A 090	Continued From page 10 The findings include: Review of the employee record for Staff B revealed a hire date of as a Med Tech. Further review revealed there was no documentation of Staff B completing at least one hour of training in the facility's policies and procedures regarding . On , an interview was conducted with the Executive Director about the missing training for Staff B. The Executive Director stated that the missing documentation was due to the change in ownership and that most of the employeees are new hires. However, all of the employee files are in transition between two companies. Information is therefore stored in multiple systems/locations. He stated the employee files are currently in process of being updated. At this time, he confirmed that this required documentation training was missing in Staff B's file. He was unable to produce this information prior to the end of the survey. Class III	A 090		