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
	AL11968285	A. BUILDING: _____ B. WING _____	08/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PORTER'S ADULT CARE INC	700 DAY AVE JACKSONVILLE, FL 32205

(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 A relicensure survey with limited mental health monitoring was conducted at Porter's Adult Care Center Assisted Living Facility on . The facility had deficiencies at the time of the survey.	A 000		
A 055	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	A 055		

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A 055	Continued From page 1 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication 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	A 055		

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A 055	Continued From page 2 at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, staff interview, resident interview, clinical record review, and facility policy and procedure review, the facility failed to ensure centrally stored medications were kept in a locked storage area at all times, evidenced by the observation of unsecured medications in Resident #4's room, and a faulty locking system for securing all 7 residents' medications. The findings include: During a licensure survey on at 10:15 am, a tour of the facility was conducted. Resident #4's room was observed at 10:21 am. He was lying in his bed with his , , , closed. The Administrator knocked on the door and called out his name to ask permission to enter his room and he agreed. Medication was observed in a small plastic medication cup on bedside table. (Photographic evidence obtained). During an interview with Resident #4 on	A 055		

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A 055	Continued From page 3 . . . . . at 10:22 am, he confirmed the medications were his. He stated he did not know what they were for. He stated, "I have no idea." He stated he did not refuse to take them when the medication technician, Employee B, left them on his tray table. They are still there because he did not want to take them right at the time she brought them. He wanted to take a nap after breakfast. During an interview with the Administrator on at 10:26 am, she stated that medications should not be left on the bedside table. If the resident does not want to take them at the time scheduled, staff should lock them in the medication storage cabinet until he is willing to take them. They should always be locked up. During an interview on at 11:20 am with the Administrator, she was asked about the medication storage system. She was using a type of yarn string to secure the medication cabinet door shut. The string was laced through the locking arm of a paddle lock. She used a key to unlock the paddle lock and remove it from the string and then opened the cabinet to reveal the medication for all of the residents in the facility. She acknowledged that the medication cabinet could easily be opened if the yarn were cut with a pair of scissors. She stated, "I know, I need to do something about this." She stated that the lock on the cabinet door was not working and this was a temporary solution to the problem. During an interview on 12:05 PM with Employee B, Medication Technician, she stated she did not leave Resident #4's medications on the table next to the bed. She watched him take them. She stated that she does not ever leave	A 055		

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A 055	Continued From page 4 them on the bedside table if the resident refuses. When shown the photographic evidence, she stated "I don't know why they are still there. He must have spit them out. I saw him take them." She confirmed that if a resident refused medication she should put the medication in a locked cabinet or cart until he was willing to take it. Review of the clinical record for Resident #4 revealed a medication observation record (MOR) for the month of that read: 500mg, take 1 tablet oral three times a day. 7am, 12 pm, 7pm; Biktarvy 50-200-25mg tablet. Take 1 tablet orally every day. 7 am; 100mg tablet. Take 1 tablet by weekly on Mondays. 7am; 5000 mcg tablet. Take 1 tablet every day. 7 am. The MOR was initialed by Employee B on indicating the medication had been given and the resident did not refuse them (Photographic evidence obtained). Review of the Agency for Health Care Administration Health Assessment Form 1823 dated revealed it read: Does the individual need help with taking his medications? The box was checked yes. The box next to: Needs Assistance With Self-Administration was checked. Review of the facility policy and procedure entitled Facility Medication Practices Policy read: 5. Medication Storage and Disposal a) Centrally stored medication will be in a locked cabinet, locked cart or other locked storage receptacle, room or area at all times. Review of the facility policy and procedure entitled Medication Policy and Procedures revealed it	A 055		

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A 055	Continued From page 5 read: [Facility] will provide safe handling and administration of medication in order to assure the health and safety of each individual. The facility will have trained, unlicensed staff to provide assistance with self-administering medications. All medication will be stored in a locked secure area. A MOR will be documented during the time of assistance. Class III	A 055		

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CZ828	408.813(3) FS Administrative Fines; Violations 408.813 Administrative fines; violations.-As a penalty for any violation of this part, authorizing statutes, or applicable rules, the agency may impose an administrative fine. (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. (f) Violating the parental consent requirements of s. 1014.06 This Statute or Rule is not met as evidenced by: Based on observations, staff interview, resident interview and document review, the facility failed to maintain the licensed capacity of 6 residents when 7 residents were residing in the facility. The findings include: During an abbreviated biennial licensure survey on [redacted] at 1:08 pm, 7 residents were observed in the facility, which was only licensed for 6. A tour of resident rooms revealed all 7 residents had personal belongings in their rooms along with a bed and furniture. Review of the facility admission/discharge log revealed the facility had 7 residents at the time of	CZ828		

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CZ828	Continued From page 1 the observations (Photographic evidence obtained). Review of the facility resident and staff schedules for the months of [redacted] revealed Resident #7 was put on the schedule on [redacted] and was on the schedule every day on the schedules through [redacted]. Next to his name on the schedule it was handwritten "Long term"(Photographic evidence obtained). During an interview with the Administrator on [redacted] at 10:10 am, she reviewed the admission/discharge log. She counted the residents and stated she thought she only counted 6. The residents were counted with her and she pointed out who they were by [redacted]. Resident #7 was not in the facility at the time of the interview. She confirmed he was a permanent resident. He had been admitted on [redacted]. She then acknowledged she was over capacity. She confirmed that all 7 residents were permanent residents and lived in the facility. She then produced a response letter from the Agency for Health Care Administration (AHCA) dated [redacted] entitled Omission Notice for [Facility], [Facility address]. The letter informed the Administrator that the application she had filed for a capacity increase was incomplete and instructed her to submit documentation to complete the application. The documents were required to be submitted withing 21 days of receipt of the letter (Photographic evidence obtained). The Administrator stated that she did not submit the needed documents within the timeframe. She produced a response letter she wrote to the AHCA Licensure Unit dated [redacted] that read: Page 3, Section C-Number of Beds. Number of beds has been changed	CZ828		

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CZ828	Continued From page 2 . . . to reflect the original number of licensed beds 6 (Photographic evidence obtained). During an interview with Resident #7 on . . . at 4:22 pm he confirmed he lived in the facility and had his own room. He could not remember how long ago he moved in but thought it was not long ago. Unclassified	CZ828		

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A 055	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	A 055		

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A 055	Continued From page 3	A 055		

. . . . . at 10:22 am, he confirmed the medications were his. He stated he did not know what they were for. He stated, "I have no idea." He stated he did not refuse to take them when the medication technician, Employee B, left them on his tray table. They are still there because he did not want to take them right at the time she brought them. He wanted to take a nap after breakfast.

During an interview with the Administrator on at 10:26 am, she stated that medications should not be left on the bedside table. If the resident does not want to take them at the time scheduled, staff should lock them in the medication storage cabinet until he is willing to take them. They should always be locked up.

During an interview on at 11:20 am with the Administrator, she was asked about the medication storage system. She was using a type of yarn string to secure the medication cabinet door shut. The string was laced through the locking arm of a paddle lock. She used a key to unlock the paddle lock and remove it from the string and then opened the cabinet to reveal the medication for all of the residents in the facility. She acknowledged that the medication cabinet could easily be opened if the yarn were cut with a pair of scissors. She stated, "I know, I need to do something about this." She stated that the lock on the cabinet door was not working and this was a temporary solution to the problem.

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A 055	Continued From page 4 them on the bedside table if the resident refuses. When shown the photographic evidence, she stated "I don't know why they are still there. He must have spit them out. I saw him take them." She confirmed that if a resident refused medication she should put the medication in a locked cabinet or cart until he was willing to take it. Review of the clinical record for Resident #4 revealed a medication observation record (MOR) for the month of that read: 500mg, take 1 tablet oral three times a day. 7am, 12 pm, 7pm; Biktarvy 50-200-25mg tablet. Take 1 tablet orally every day. 7 am; 100mg tablet. Take 1 tablet by weekly on Mondays. 7am; 5000 mcg tablet. Take 1 tablet every day. 7 am. The MOR was initialed by Employee B on indicating the medication had been given and the resident did not refuse them (Photographic evidence obtained). Review of the Agency for Health Care Administration Health Assessment Form 1823 dated revealed it read: Does the individual need help with taking his medications? The box was checked yes. The box next to: Needs Assistance With Self-Administration was checked. Review of the facility policy and procedure entitled Facility Medication Practices Policy read: 5. Medication Storage and Disposal a) Centrally stored medication will be in a locked cabinet, locked cart or other locked storage receptacle, room or area at all times. Review of the facility policy and procedure entitled Medication Policy and Procedures revealed it	A 055		

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PORTER'S ADULT CARE INC	700 DAY AVE JACKSONVILLE, FL 32205

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A 055	Continued From page 5 read: [Facility] will provide safe handling and administration of medication in order to assure the health and safety of each individual. The facility will have trained, unlicensed staff to provide assistance with self-administering medications. All medication will be stored in a locked secure area. A MOR will be documented during the time of assistance. Class III	A 055		