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
	AL11968942	A. BUILDING: _____ B. WING _____	08/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE FOUNTAINS OF HOPE	2250 JESUS WAY SARASOTA, FL 34240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced relicensure, health facility reporting system, generator and visitation monitoring survey was conducted on 7/31/23 through 8/1/23 at The Fountains of Hope, an assisted living facility in Sarasota, Florida. The following is a description of the deficiencies.	A 000		
A 052 SS=D	429.256(3-5); 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 insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen 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 hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth.	A 052		

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A 052	Continued From page 1 (d) Applying topical 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 nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer. (4) Assistance with self-administration of medication does not include: (a) Mixing, compounding, converting, or calculating 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 cavity of the body. (d) Administration of parenteral preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with rectal, urethral, or vaginal 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 18 years of age 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 infection 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 and interview, the facility failed to ensure staff who assist residents with self-administration of medications do so in accordance with proper procedure for 3 (Residents #6, #7, and #9) of 3 medications	A 052		

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A 052	Continued From page 4 observations. The findings included: The Fountains of Hope Sarasota Medication Assistance and Administration Section Clinical Services, Applies to: Assisted living, Memory Care, Date revised: July 2023 Policy: It is the policy of this community to: Ensure that each resident receives medication safely, as directed by the prescribing practitioner and in compliance with state assisted living regulations. On 7/31/23 at 8:30 a.m., Staff A (med tech) was observed assisting Resident #6 with medications. Staff A parked the medication cart in the hallway outside of Resident #6's room. Staff A took Resident # 6's medication from the medication cart and placed the dosage into a cup without the resident being present. The med tech knocked and entered the room with the container of medications. Staff A said to the resident, "I am here to give you your morning meds" and verified the resident's name. Staff A handed the resident the cup of medication without informing the resident which medications she was being assisted with and without taking the medications in their properly labeled container to read to the resident. On 7/31/23 at 8:35 a. m., Staff A was observed assisting Resident #7 with medications. Staff A parked the medication cart in the hallway outside of Resident #7's room and removing the medications from the cart, placed the dosage into a cup, without the resident being present. Staff A entered the resident's room and said, "good morning I have your morning meds sir" and verified the resident's name. Staff A handed the resident the cup of medication without informing	A 052		

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A 052	Continued From page 5 the resident which medications he was being assisted with and without taking the medications in their properly labeled container to read to the resident. On 7/31/23 at 8:45 a.m., Staff A was observed assisting Resident #9 with medications. Staff A parked the medication cart in the hallway outside of Resident #9's room and removing the medications from the cart, placed the dosage into a cup, without the resident being present. One of the tablets fell onto the top of the medication cart. Staff A picked the pill up with her bare hand and placed it into the cup with the other medications. Staff A entered the resident's room and said, "I am here to give you your morning meds." and verified her name. Before receiving the medication, the resident asked for some lotion for her back. The Med Tech placed the cup of medication on the table in front of the resident and went out of the room to the med cart. When Staff A returned with the lotion the medication cup was empty. The resident said she took her medications. Staff A did not inform the resident which medications she was being assisted with, did not observe Resident #9 take her medications, and did not take the medications in their properly labeled container to read to the resident. On 7/31/23 at 9:00 a.m., Staff A stated she does not tell the residents which medications she is assisting them with. She said she was told each resident signed papers that staff don't have to tell them what each medication is each time it is given, Staff A said she asked the administrator about the papers last week and never received an answer. On 7/31/23 at 10:13 a.m., the HWD stated the	A 052		

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A 052	Continued From page 6 residents at the facility do not have medication waivers, but they do have the consent for unlicensed personnel to assist with self-administration of medications. On 7/31/23 at 10:45 a.m., Administrator stated when the med techs are assisting with self-administration of medications, they are to tell the resident which medications they are being given, what they are for, and watch them take the medications. On 7/31/23 at 11:20 a.m., the HWD stated the med techs, when assisting with self-demonstration of medications, are to take the cart into the resident's room, tell them what medications they are being given, watch them take the meds, and sign the electronic medication administration record (EMARs). HWD confirmed no residents in the facility have medication waivers. The HWD confirmed staff A did not follow proper procedures when assisting Residents #6, #7, and #9 with self-administration of medications. On 8/1/23 at 8:10 a.m., Administrator acknowledged Staff A did not follow proper procedures when assisting the Residents #6, #7, and #9 with self-administration of medications as they are to inform the residents what meds they are being given. The Administration confirmed the residents in the facility have no medication waivers. Class III	A 052		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff	A 078		

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A 078	Continued From page 7 (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 disease. 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 tuberculosis 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 tuberculosis testing materials satisfies the annual tuberculosis examination requirement. An individual with a positive tuberculosis test must submit a health care provider's statement that the individual does not constitute a risk of communicating tuberculosis. 2. If any staff member has, or is suspected of having, a communicable disease, 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 disease. (b) Staff must be qualified to perform their assigned duties consistent with their level of 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	A 078		

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A 078	Continued From page 8 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 contracting 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 contracted 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 record review and interview, the facility failed to ensure that within 30 days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable disease and evidence of freedom from tuberculosis (TB) documented annually thereafter for 3 (Staff A, D and Administrator) of 4 employee records reviewed. The findings included: On 8/1/23 a review of Staff A's file revealed a hire date of 7/31/21 as a Resident Aide/ Medication	A 078		

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A 078	Continued From page 9 Technician. Staff A's file contained documentation of Employee Tuberculosis consent record signed on 8/5/21 by the healthcare provider indicating Staff A was free of sign and symptoms of communicable disease including Tuberculosis. There was no further evidence of freedom from Tuberculosis documented annually thereafter. On 8/1/23 a review of Staff D's file revealed a hire date of 11/13/21 as a Registered Nurse. Staff D's file contained documentation of Employee Tuberculosis consent record signed on 11/4/21 by the healthcare provider indicating Staff D was free of sign and symptoms of communicable disease including Tuberculosis. There was no further evidence of freedom from Tuberculosis documented annually thereafter. On 8/1/23 a review of the Administrators file revealed a hire date of 8/1/22 with a promotion to the Administrator position on 6/1/23. The Administrator's file contained documentation of Employee Tuberculosis consent record signed on 5/17/22 by the healthcare provider indicating the administrator was free of sign and symptoms of communicable disease including Tuberculosis. There was no further evidence of freedom from Tuberculosis documented annually thereafter. On 8/1/23 at 9:45 a.m., the Business Office Manager stated the previous management company stopped her from having the employees complete the TB annually. BOM confirmed no annual documentation of freedom from communicable disease including TB for staff A, D, and the administrator. Class III	A 078		

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the fingerprints are enrolled in the national retained print arrest notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic fingerprint submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; sex; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 2 (Staff D, and Health and Wellness Director) of 4 staff records reviewed, had the Level 2 background screening employment status updated within 10 days on the Agency for Healthcare Administration (AHCA) Background screening clearinghouse website	CZ814		

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CZ814	Continued From page 1 pursuant to chapter 435. This had the potential for staff with disqualifying offenses to have access to vulnerable adults. The findings Included: Review of the Health and Wellness Director's (HWD) file revealed a hire date of 5/15/23. Review of the Agency' clearing house employee roster revealed HWD was added on the clearing house roster 6/16/23, 32 days after hire. Review of Staff D's file revealed a hire date of 11/13/21 as a Registered Nurse. Review of the Agency' clearing house employee roster revealed Staff D was added on the clearing house roster on 1/25/22, 56 days after hire. On 8/1/23 at 9:45 a.m., the Business office manager confirmed the HWD and Staff D were not added within the 10 days as required. Unclassified	CZ814		