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
	AL11969330	A. BUILDING: _____ B. WING _____	R-C 09/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARKET STREET EAST LAKE	833 EAST LAKE ROAD N TARPON SPRINGS, FL 34688

(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 second revisit to complaint investigation (complaint numbers: 2023005276 and 2023006349), a revisit to complaint investigation (complaint number: 2023009775), a complaint investigation (complaint number: 2023012494), and a generator monitoring were conducted at Market Street Memory Care on . Deficiencies were identified at the time of survey.	{A 000}		
{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 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.	{A 054}		

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{A 054}	Continued From page 1 (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 observation, record review, and interview, the facility failed to immediately update Medication Observation Records (MORs) each time a medication was offered to two Residents (#1 and #2) of six sampled residents that required assistance with self-administration of medications. Findings Included: An MORs review for Resident #1, conducted on , revealed that Resident #1 had prescribed medications that were not documented as given or offered to the resident which included 20mg on , , and at 05:00pm and 50mg on , and at 06:00pm. A MORs review for Resident #1, conducted on , revealed that Resident #1 had prescribed medications that were not documented as given or offered to the resident which included 50mcg on at 06:00am, -S 8.6-50mg on at 05:00pm, at 05:00pm, and at 09:00am, and 50mg on and at 06:00pm. A record review for Resident #1, conducted on , revealed that Resident #1 was admitted on . According to Resident	{A 054}		

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{A 054}	Continued From page 2 #1's health assessment form dated [redacted], the resident required assistance with self-administration of medications. An [redacted] MORs review for Resident #2, conducted on [redacted], revealed that Resident #2 had prescribed medications that were not documented as given or offered to the resident which included [redacted] 125mg and [redacted] 25mg on [redacted], and [redacted] at 05:00pm and [redacted] 5-325mg on [redacted] and at 10:00pm. A [redacted] MORs review for Resident #2, conducted on [redacted], revealed that Resident #2 had prescribed medications that were not documented as given or offered to the resident which included [redacted] 125mg, [redacted] 5-325mg, and [redacted] 25mg on [redacted] and at 10:00pm. A record review for Resident #2, conducted on [redacted], revealed that Resident #2 was admitted on [redacted]. According to Resident #2's health assessment form dated [redacted], the resident required assistance with self-administration of medications. During an interview with the Executive Director, conducted on [redacted] at 03:05pm, after reviewing Resident #1 and #2's MORs, the Executive Director agreed that the residents' MORs had prescribed medications that were not documented as given or offered to the residents. Class III	{A 054}		

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{A 058}	Continued From page 3	{A 058}		
{A 058} SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist	{A 058}		

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{A 058}	Continued From page 4 licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure documented Class III deficiencies regarding medicinal drugs were corrected as required (Cross Reference: A0054). Findings Included: Due to the uncorrected Class III deficiencies concerning the facility's medication practices, the facility shall be required to employ the consultation services of a licensed Pharmacist Consultant or a Registered Nurse Consultant.	{A 058}		

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{A 058}	Continued From page 5 The Consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the Agency determines that such consultation services are no longer required. This written statement serves as notification of the above stated requirement. During an interview with the Executive Director, conducted on . . . . . at 03:45pm, the Executive Director verbalized understanding that due to the uncorrected medication Class III deficiencies, the facility was required to employ or contract with a licensed Pharmacist Consultant or Registered Nurse Consultant until the Agency determines otherwise. Class III	{A 058}		