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
	AL11969871	A. BUILDING: _____ B. WING _____	09/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIQUE LOVING HOME CARE LLC	1221 SW MEDINA AVE PORT SAINT LUCIE, FL 34953

(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 and Generator Monitoring survey were conducted on . . . . . at Unique Loving Home Care LLC. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice,	A 010		

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A 010	Continued From page 1 and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and,	A 010		

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A 010	Continued From page 3 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are	A 010		

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A 010	Continued From page 4 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, it was determined that the facility failed to develop and implement an Interdisciplinary Care Plan with hospice that coordinates and ensures the provision of additional care and services for a resident who was no longer appropriate for assisted living facility residency, for 1 of 2 sampled residents (Resident #2). The findings included: On at 9:10 AM and again at 12:00 PM, Resident #2 was observed laying in bed with the of bed elevated. The resident is not able to be interviewed due to related to a diagnosis of secondary to . During a telephonic interview with the resident's representative on at 11:00 AM, she stated that the resident did not get out of bed and that she would like the resident to get out of bed if possible. The resident did not have a high wheelchair or geri chair for safety and comfort to use at the facility while the resident was out of bed. During an interview conducted with the Administrator on at 10:00 AM, she confirmed that the resident was bedbound and required two staff to transfer her into a wheelchair. She stated that the resident has a pressure injury on her and required turning and repositioning as well as care. She stated this was completed every two hours but there was no schedule to ensure timeliness of the additional services provided. She was not aware of the date of onset of the	A 010		

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A 010	Continued From page 5 pressure injury but stated it was possibly "the end of , , before admission to hospice". She acknowledged that there were no facility records to show the date of onset of the pressure injury, the stage of the , and the turning and repositioning and care that was required to prevent and promote healing of the . A plan of care coordinated and implemented with hospice which delineates how the facility and the hospice will meet the scheduled needs of turning and repositioning, care and range of motion exercises to prevent of this bedbound resident was not present and available for review at the facility. During a telephonic interview with the hospice nurse on at 11:30 AM, she confirmed that the resident has a pressure injury and that a Health Assessment (AHCA Form 1823) had been completed but not yet delivered to the facility for the resident's recent admission to hospice with the pressure injury. Review of Resident #2's record shows the resident was admitted to the facility on . Review of the Health Assessment (AHCA Form 1823) dated documents that the resident had "no pressure injuries". The assessment documented that the resident received "total care" with ambulation and transfers at the time of admission, before the resident was admitted to hospice. A subsequent Health Assessment dated was received by email from the facility on and noted that the resident is bedbound, required assistance with transferring, and had an pressure injury on her , at admission to hospice on . A hospice note was also received and indicated that the	A 010		

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A 010	Continued From page 6 resident's pressure injury was a . . . . as of , with a new pressure injury adjacent to the other as of . . . . . . The resident's need for a positioning device such as a high wheelchair or geri chair to facilitate the resident while out of bed, or range of motion exercises to prevent for a bedbound resident, and the required scheduled turning and repositioning and . . . . . care for prevention and healing of pressure injuries had not been coordinated and implemented in the hospice plan of care for Resident #2. The facility provided no additional information for review at the time of the survey. Class III	A 010		
A 056	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	A 056		

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A 056	Continued From page 7 another. (c) If the directions for use are "as needed" or "as 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	A 056		

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A 056	Continued From page 8 or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and 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 observation, record review and interview, the facility failed to ensure that a change in directions for use of a medication that the facility is providing assistance with self-administration was accompanied by a written, faxed, or electronic copy of the revised medication order for 1 out of 5 sampled residents (Resident #1); and, failed to ensure "as needed (PRN)" medication had specific instructions for use, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations for 2 out of 5	A 056		

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A 056	Continued From page 9 sampled residents (Residents #2 and Resident #4). The findings included: A. On at 10:00 AM, Resident #1's Medication Observation Record (MOR) was reviewed with the Administrator. The MOR showed the resident received "...one tablet by twice daily". The label on the bottle of medication noted that the resident was to take this medication "PRN" or "as needed". During an interview conducted with the Administrator at this time, she confirmed that the resident took the medication twice a day regularly. During an interview conducted with the hospice nurse telephonically on at 11:30 AM, she stated that the order for the medication was to take it twice a day, not "as needed" anymore. The Administrator acknowledged during an interview at this time that she did not have a copy of the change in directions for use of this medication, and had not placed an "alert" on the medication bottle to direct staff to examine the revised order. B. On at 10:00 AM, the MORs for Residents #2 and Resident #4 were reviewed. The MORs listed the following "as needed (PRN)" medications with no circumstances under which it would be appropriate for the resident to request the medication: 1) Resident #2 a. b. c. d.	A 056		

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A 056	Continued From page 10 2) Resident #4 a. b. Phillips Milk of Magnesia c. These findings were discussed with the Administrator on . . . . . at 12:00 PM. The facility provided no additional information for review at this time. Class III	A 056		