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
	AL11968055	A. BUILDING: _____ B. WING _____	08/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUXE SENIOR LIVING AT WELLINGTON	10334 NUVISTA AVENUE WELLINGTON, FL 33414

(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, Complaint (#2022004972, #2022005933, #2022007161, and #2022011918) and Generator Monitoring survey was conducted on . . . . . and . . . . . at Luxe Senior Living at Wellington. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 052	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 and interview the facility failed to ensure staff performed hygiene during medication pass observation for 1 of 1 sampled residents, specifically Resident #12.	A 052		

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A 052	Continued From page 4 The findings included: On . . . . . at 12:35 PM, Medication Technician (MT) Certified Nursing Assistant (CNA) Staff C was observed to be providing assistance with the self-administration of medications for Resident #12. MT CNA Staff C was not observed to practice . . hygiene by either washing or sanitizing her . . . . prior to initiating the medication pass and dispensing the medication, nor after providing Resident #12 with assistance with the self-administration of medications. On at 1:33 PM, during an interview conducted with Licensed Practical Nurse (LPN) Staff B, LPN Staff B stated that all staff are aware of hygiene, and MT CNA Staff C must have been nervous due to the survey. On at 12:36 PM, during a meeting conducted with the Administrator, Human Resources Manager, and the Regional Nurse Consultant (via telephone), they were informed of and acknowledged the finding. Class III	A 052		
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	A 055		

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A 055	Continued From page 5 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 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	A 055		

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A 055	Continued From page 6 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 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 and interview the facility	A 055		

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A 055	Continued From page 7 failed to ensure 1 of 1 staff maintain the medication cart locked and secured at all times when unattended, during 1 of 1 medication pass observations conducted, specifically Staff C. The findings included: On at 12:35 PM, during a medication pass observation conducted with Medication Technician (MT) Certified Nursing Assistant (CNA) Staff C, after obtaining the medications for Resident #12, MT CNA Staff C failed to ensure the medication storage cart was locked when she was not physically present. MT CNA Staff C was observed to leave the medication cart unlocked, unattended and out of sight in the hallway while she was in Resident #12's room assisting with the self-administration of Resident #12's medications. On at 1:33 PM, during an interview conducted with Licensed Practical Nurse (LPN) Staff B, LPN Staff B stated that all staff are aware of the policy on locking the medication cart when unattended, and MT CNA Staff C must have been nervous due to the survey. On at 12:36 PM, during a meeting conducted with the Administrator, Human Resources Manager, and the Regional Nurse Consultant (via telephone), they were informed of and acknowledged the finding. Class III	A 055		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment,	A 078		

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A 078	Continued From page 8 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 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	A 078		

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A 078	Continued From page 9 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 record review and interview, the facility failed to provide documentation that 3 of 4 sampled staff personnel records reviewed had a one time statement in their personnel record from a Healthcare Provider documenting they were free of Communicable , specifically Staff C, Staff D and Staff E. The findings included: Review of Medication Technician (MT) Certified Nursing Assistant (CNA) Staff C's personnel record revealed that she was hired on _____ to work the 7:00 AM to 3:00 PM shift to provide direct resident care and assist residents with the self-administration of medications. Further review	A 078		

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A 078	Continued From page 10 of the personnel record revealed MT CNA Staff C had no documentation of the one-time freedom from Communicable . . . . . statement in her personnel record available for review. Review of MT CNA Staff D's personnel record revealed that she was hired on . . . . . to work the 3:00 PM to 11:00 PM shift to provide direct resident care and assist residents with the self-administration of medications. Further review of the personnel record revealed MT CNA Staff D had no documentation of the one-time freedom from Communicable . . . . . statement in her personnel record available for review. Review of MT CNA Staff E's personnel record revealed that she was hired on . . . . . to work the 11:00 PM to 7:00 AM shift to provide direct resident care. Further review of the personnel record revealed MT CNA Staff E had no documentation of the one-time freedom from Communicable statement in her personnel record available for review. In an interview conducted with the Administrator on at 2:20 PM, she was provided an opportunity to review the personnel records for Staff C, Staff D, and Staff E. She was unable to locate documentation that Staff C, Staff D, and Staff E had the one-time freedom from Communicable . . . . . statement in their personnel records. In an interview conducted with the Administrator on . . . . . at 11:02 AM, a second request was made for the documentation related to Staff C, Staff D, and Staff E's one-time freedom from Communicable statement. The Administrator stated Human Resources was not able to find the documentation signed and dated	A 078		

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A 078	Continued From page 11 by the Physician. The Administrator further stated she was aware the facility must ensure all direct care staff members have documentation of the one-time freedom from Communicable statement from a Healthcare Provider available in their personnel records within 30 days after beginning employment. No additional documentation was provided during the survey. Class III	A 078		
A 090	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 record review and interview, the facility failed to provide documentation that 3 out of 4 sampled staff members had at least one-hour of training in the facility's Policies and Procedures regarding ( ), specifically for Staff C, Staff D, and Staff E. The findings included:	A 090		

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A 090	Continued From page 12 Review of Medication Technician (MT) Certified Nursing Assistant (CNA) Staff C's personnel record revealed that she was hired on to work the 7:00 AM to 3:00 PM shift to provide direct resident care and assist residents with the self-administration of medications. Further review of the personnel record revealed MT CNA Staff C had no documentation of one-hour of training available for review in her personnel record. Review of MT CNA Staff D's personnel record revealed that she was hired on to work the 3:00 PM to 11:00 PM shift to provide direct resident care and assist residents with the self-administration of medications. Further review of the personnel record revealed MT CNA Staff D had no documentation of one-hour training available for review in her personnel record. Review of MT CNA Staff E's personnel record revealed that she was hired on to work the 11:00 PM to 7:00 AM shift to provide direct resident care. Further review of the personnel record revealed MT CNA Staff E had no documentation of one-hour training available for review in her personnel record. In an interview conducted with the Administrator on at 2:20 PM, she was provided with an opportunity to review the personnel records for Staff C, Staff D, and Staff E. She was unable to locate documentation that Staff C, Staff D, and Staff E had at least one-hour of training in their personnel records. In an interview conducted with the Administrator on at 11:02 AM, a second request was made for the documentation of one-hour of	A 090		

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A 090	Continued From page 13 . training related to Staff C, Staff D, and Staff E. The Administrator stated Human Resources was not able to find at least one hour of training on the facility's Policies and Procedures regarding . . . The Administrator stated she was aware the facility must ensure all direct care staff members have documentation of one-hour training within 30 days after beginning employment. No further documentation was provided during the survey. Class III	A 090		