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
	AL11969127	A. BUILDING: _____ B. WING _____	10/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANTHEM LAKES, LLC	905 ASSISI LN ATLANTIC BEACH, FL 32233

(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 complaint investigation (complaint numbers 2021013266, 2021015144, 2022005907 and 2022009547) was conducted at Anthem Lakes, Llc on [redacted] and [redacted]. Deficient practice was identified 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	A 055		

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 observations and resident and staff interviews, the facility failed to ensure prescribed medications were properly stored for 1 of 4 sampled residents whose medications were reviewed (Resident 6).

The findings include:

An observation was conducted of Resident 6's room on at 1:20 pm. She was not in her room, but a small plastic graduated medicine cup with two white round tablets was observed on the dresser. Resident 6's name was written across the side of the medication cup. There was a small blue plastic cup of water next to it. Photographic evidence was obtained.

At 1:30 pm on , Resident 6 was observed in the hallway outside her room. She stated the help was good and staff bring her pills twice a day but she doesn't know what they all are. When asked about the pills on her dresser,

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A 055	Continued From page 3 she said, "Oh, well lookie there." Resident 6 propelled her wheelchair to the dresser and reported the two pills were her , , , and that they must have brought them when she was out of her room. She picked up the container, tipped the two white tablets into her , swallowed them down with water and with ease and replaced the cups. Record review for Resident 6 found she was admitted to the facility on . . . . . Her AHCA Form 1823 (Resident Health Assessment- no date) listed diagnoses including , , major , , and unspecified part of left . The examining practitioner assessed her as requiring assistance with activities of daily living, but needed her medications administered. Resident 6 had a physician's order dated . . . . for , 325 milligrams, 2 tablets every 8 hours for painPhotographic evidence was obtained. Review of Resident 6's electronic medication observation record (MOR) was conducted with the Executive Director (ED) at 3:09 pm on . . . . . The MOR confirmed Resident 6 had received , this morning at 9:00, and again at noon. Photographic evidence was obtained. The ED explained Resident 6 needed to be "chased down" to take her medications. She was able to put them into her own . When shown the photograph of the pills left on the nightstand, the ED stated it was not her expectation that nurses left medications at bedside. Class III	A 055		