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
	AL11965368	A. BUILDING: _____ B. WING _____	R 10/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON AT OCOEE	80 NORTH CLARK RD OCOEE, FL 34761

(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 revisit survey was conducted for a complaint investigation #2023001985, #2023004936 and #2023008244 at Madison at Ocoee on [redacted]. Deficiencies were found to be uncorrected at the time of the 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 [redacted] 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. (c) For medications that serve as chemical [redacted], 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	{A 054}		

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{A 054}	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observations, record reviews, and interviews the facility failed to ensure medication for 1 of 4 residents was properly charted, (#6) Findings: Review of resident #6 medication administration record (MARs) revealed on , Tar Tab 25mg for 8am was charted 9= other/see progress notes. On at 5:08pm review of progress notes, effective date 07:14 note text indicated n/a. On at 5:08pm The Med Tech confirmed the medication , TAR was on the cart for the 8am med pass. On at 5:45pm The Clinical Nurse stated it does not say if resident #6 received her medication. On at 5:45pm The Administrator stated, "The policy is to follow, its inconsistent and hard to say what was done without having them (staff) sit in front of me to ask what you did or why". On at 6:00pm The Administrator and Clinical Nurse confirmed the findings. Class III	{A 054}		

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A 056	Continued From page 2	A 056		
A 056 SS=D	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 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	A 056		

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A 056	Continued From page 3 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 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,	A 056		

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A 056	Continued From page 4 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 record reviews and interviews, the facility failed to ensure medications were refilled in a timely manner to ensure doses were not missed for 2 of 4 sampled residents who required assistance with self-administration of medications (#6 & #16). Findings: 1. Review of resident #6's Health Assessment dated [redacted] 1823 indicates needs assistance with self-administration with medications. Review of resident # [redacted] medication administration record (MARs) revealed on [redacted] and [redacted] was charted 11 = meds not available for [redacted] -low 81 mg [redacted] Tab. Review of resident # [redacted] MARs revealed on [redacted], and [redacted] was charted code 9 = other/see progress notes for [redacted] -low 81 mg [redacted] Tab. Review of resident # [redacted] MARs revealed on [redacted], and [redacted] was charted code 9 = other/see progress notes for	A 056		

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A 056	Continued From page 5 Tab 500. On and charted as code 11 = meds not available. Review of resident # MARs revealed on , , , , , , , , , and was charted code 9 = other/see progress notes and code 11 = meds not available for Phos-Nak Pow Concentra. On at 5:08pm review of resident #6 progress notes and med cart confirmed the medication was not available for the resident. Review of the facility's updated Medication reorder/Hold Policy states, "In the event medications are not on , awaiting refills, delivery or availability nurse will be notified. The nurse will then contact MD and inform physician of the obstacle. Every effort will be made to get medications promptly from the backup pharmacy and on site as soon as possible. All medications will be reordered 7 days before the last dose to assure there are no interruptions in medication delivery. Cycle fill medications will be delivered days ahead of cycle start date for proper check in and timeliness of medication delivery." On at 5:45pm The Clinical Nurse stated, "if the resident self-med they would order their own medications." On at 5:45pm The Clinical Nurse stated, "yes we do medications for resident #6." On at 5:45pm The Clinical Nurse stated, "the pharmacy is supposed to reach out and let us know they need a new prescription or if it's too soon."	A 056		

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A 056	Continued From page 6 On . . . . . at 5:45pm The Clinical Nurse stated, "it does not look like it's too soon for resident #6." On . . . . . at 5:45pm The Clinical Nurse stated, "we can reach out to the pharmacy to determine why the medication has not been sent." On . . . . . at 5:45pm The Clinical Nurse stated, "I'll contact the pharmacy to see why. It looks like they are not covering the over the counter (OTC) medications. On . . . . . at 5:45pm The Clinical Nurse stated, "I did not contact the doctor to inform." Review of Resident # 6 Resident Agreement Exhibit C Pharmacy Service Agreement sign and dated on . . . . . states, "Guardian is our Preferred Provider for pharmacy services ("Preferred Provider"). If medications are not delivered within two business days prior to their depletion, the community will reorder medications from the Preferred Provider." On . . . . . at 6:00pm The Administrator stated, "I cannot confirm or deny that, if the facility did not follow their medication reorder policy." On . . . . . at 6:40pm The Administrator stated, "the coordinator went out to get the OTC medication for resident #6." 2. Review of resident #16 . . . . . 1823 Health Assessment indicates needs assistance with self-administration with medications. Review of resident # . . . . . MARs revealed her . . , 10MG Tab on . . , .	A 056		

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A 056	Continued From page 7	A 056		

, , , and was charted as 11 - meds not available. On , , , , , , and were charted as 9 = other/see progress notes.

On at 5:06pm review of resident #16 progress notes and med cart confirmed the medication was not available for the resident.

On at 6:00pm The Clinical Nurse stated, "resident #16 reordered on and as of today the medication is still out."

On at 6:00pm The Administrator stated, "the policy is to follow, " its inconsistent and hard to say what was done without having them (staff) sit in front of me to ask what you did or why."

On at 6:40pm The Administrator stated, "we haven't heard anything from Guardian. The number we've dialed is the after-hours and we're looking for another number to reach someone. We will follow up with pharmacy tomorrow."

Class III