

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/14/2023
NAME OF PROVIDER OR SUPPLIER THE POINTE			STREET ADDRESS, CITY, STATE, ZIP CODE 9797 BAY PINES BLVD SAINT PETERSBURG, FL 33708		
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A 000	Initial Comments A biennial survey, a complaint investigation (complaint numbers: 2023015344 and 2023015580), a revisit to complaint investigation (complaint number: 2023013206), and a generator monitoring were conducted at The Pointe on _____. Deficiencies were identified at the time of survey.	A 000			
A 010 SS=D	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	A 010			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 010	Continued From page 1 agreed to by the facility and the resident, additional care is provided by a licensed hospice, 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	A 010			

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A 010	Continued From page 2 notify the appropriate contact person in the applicable department. (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,	A 010			

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A 010	Continued From page 3 2. The condition is documented in the resident's record; and, 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.	A 010			

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A 010	Continued From page 4 (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain an interdisciplinary care plan that described the care and services that the facility provided and those that hospice provided and agreed upon by the facility, hospice, and the resident or resident's responsible party for one Resident (#5) of one sampled resident admitted to hospice services. Findings Included: A record review for Resident #5, conducted on , revealed that Resident #5 was admitted to the facility on . Resident #5's health assessment form dated noted that the resident had the required nursing hospice services. There was no interdisciplinary care plan that described the care and services that the facility provided and those that hospice provided and agreed upon by the facility, hospice, and the resident or resident's responsible party. During an interview with the Administrator, conducted on at 03:30pm, the Administrator agreed that Resident #5's record did not include an interdisciplinary care plan that described the care and services that the facility provided and those that hospice provided and agreed upon by the facility, hospice, and the resident or resident's responsible party. Class III	A 010			

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A 030 A 030 SS=G	Continued From page 5 59A-36.007(5) FAC; 429.28() FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; _____ Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida _____ Hotline, 1(800)96- _____ or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the	A 030 A 030			

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A 030	Continued From page 6 facility's policies regarding: 1. Resident responsibilities; 2. _____ and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident _____, neglect, and _____; 6. Administrative and housekeeping schedules and requirements; 7. _____ control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical _____. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State	A 030			

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A 030	Continued From page 7 of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when	A 030			

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A 030	Continued From page 8 prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making _____ for health care services, the provision of or arrangement of transportation to health care _____, and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally _____, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.	A 030			

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A 030	Continued From page 9 (1) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without _____, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, _____, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and, if applicable, _____, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and _____, Rights Florida.	A 030			

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A 030	Continued From page 10 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated _____ or _____ under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide an environment free from neglect in the provision of toileting assistance for one Resident #14. Additionally, the facility failed to treat residents with dignity and respect with due recognition of their _____ related to toileting requests for one Resident #14. Furthermore, the facility failed to obtain adequate and appropriate health care for a possible ongoing _____ and mismanagement of the resident's _____ medication for a _____ which placed one Resident #14 of one sampled resident at risk for complications of a _____ such as repeated _____, permanent _____ damage, and _____.	A 030			

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A 030	Continued From page 11 Findings Included: During an observation of the medication pass with Staff D on the second floor Memory Care Unit, conducted on _____ from 01:00pm through 01:45pm, Resident #14 could be heard constantly and loudly, yelling, and begging for staff to take her to the toilet and made statements like, I have to go to the bathroom, help, and help me. Resident #14 was observed sitting in a wheelchair in the television room. Residents #13, #15, and #18 were also sitting in the television room. Resident #13 was sitting on the sofa and had her index _____ placed in both _____. Staff E and G were sitting in chairs in the television room using their cellular devices. At 01:06pm, Staff D stopped the medication pass and approached Resident #14. Staff D placed Resident #14's _____ in the wheelchair's footrests and started to wheel the resident out of the television room. Staff E told Staff D to stop because Resident #14 "uses the bathroom in her diaper". Staff D stopped and resumed the medication pass. During this time, At 01:20pm, Staff G was overheard making comments about Resident #14 and stated that the resident "is always showing her behind all day long" and told Resident #14, "you have a pull up on for that reason" and "go to the bathroom in your pullup" and "stop screaming". At 01:24pm, Staff E told Resident #14 "stop it" and "go to the bathroom in your diaper". At 01:45pm, no staff had assisted Resident #14 to the toilet. Upon exiting the elevator on the first floor, Resident #14 could be heard continuing to yell for help to the bathroom. A record review for Resident #14, conducted on _____, revealed that according to Resident #14's health assessment form dated _____,	A 030			

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A 030	Continued From page 12 the resident required assistance with ambulation and toileting. Resident #14's medication observation records revealed that the resident had been prescribed an 300mg twice every day for seven days for a The medication observation record noted that the was scheduled for once every day for six days from thorough (photographic evidence obtained). During an observation of Resident #14's pill pack, conducted on at 01:30pm, there were fourteen pills filled on The pill pack had six pills popped from the pill pack and one pill remained in the pill pack. The pill slots 7 through 14 had no indication that there were any pills in these bubble slots. The pill pack medication label did not note that there was an additional pill pack that contained the missing seven pills (photographic evidence obtained). A review of an article entitled () dated found at https://www.mayoclinic.org/conditions/urinary-tract-symptoms-causes/syc-20353447, conducted on revealed that the signs and symptoms of a were a strong urge to urinate that doesn't go away, a feeling when and often. The site noted that when treated promptly and properly rarely lead to complications. When are left untreated the may cause serious health problems. Complications of may include: repeated, permanent damage, and which is a life-threatening complication of the	A 030		

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A 030	Continued From page 13 During an interview with the Administrator, conducted on _____ at 01:45pm, the Administrator agreed that staff should toilet resident when toileting is requested. The Administrator agreed that resident needs for toileting should be met so as residents do not become loud, cry, or have to repeatedly ask or beg for toileting assistance. The Administrator agreed that the Health and Wellness Director should have been made aware of Resident #14's frequency of _____ During an interview with the Health and Wellness Director, conducted on _____ at 03:13pm, the Health and Wellness Director agreed that Resident #14 had not received all doses of the prescribed _____ ordered for the resident's _____ Class II	A 030		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2) (a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children	A 032		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/14/2023
NAME OF PROVIDER OR SUPPLIER THE POINTE			STREET ADDRESS, CITY, STATE, ZIP CODE 9797 BAY PINES BLVD SAINT PETERSBURG, FL 33708		
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A 032	Continued From page 14 and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,	A 032			

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A 032	Continued From page 15 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that elopement drills were performed at least twice annually. Additionally, the facility failed to ensure that all direct care staff and administration participated in the elopement drills. Furthermore, the facility failed to make a daily effort to ensure that residents at risk for elopements had identification on their person that included the residents' name and the facility's name, address, and telephone number for seven Residents (#3, #13, #14, #15, #16, #17, #18, and #19) of seven sampled residents that were at risk for elopements. Findings included: During an interview with the Health and Wellness Director, conducted on _____ at 09:30pm, the Health and Wellness Director identified Residents #3, #13, #14, #15, #16, #17, #18, and #19 as at risk for elopement. Observations of Residents #3, #13, #14, #15, #16, #17, #18, and #19, conducted on _____ at 10:30am, revealed that Residents #3, #13, #14, #15, #16, #17, #18, and #19 did not have identification on their person. At 01:30pm, Residents #3, #13, #14, #15, #16, #17, #18, and #19 continued with no identification on their person. A record review of a facility elopement	A 032			

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A 032	Continued From page 16 investigation dated _____ for Resident #3, conducted on _____, revealed that Resident #3 eloped from the facility on _____. A review of Resident #3's record, revealed that Resident #3 was admitted on _____. According to Resident #3's health assessment form dated _____, Resident #3 had a diagnosis of _____ and required assistance with activities of daily living that included ambulation, bathing, _____, and grooming and was at risk for elopement. Resident #3's elopement was not documented in the resident's record. During an interview with Staff E, conducted on _____ at 10:30am, Staff E stated that she did not go through residents' belongings and did not ensure that residents at risk for elopements have identification on their person. Staff E identified Resident #3 as at risk for elopement. Staff E was unable to identify any other residents at risk for elopement. At 11:00am, Staff E stated that she was not sure if she participated in an elopement drill. During an interview with Staff D, conducted on _____ at 10:45am, Staff D stated that he had not participated in an elopement drill. During an interview with Staff G, conducted on _____ at 01:35pm, Staff G stated that residents did not have identification on their person. Staff G identified Resident #3 as at risk for elopement. Staff G was unable to identify any other residents at risk for elopement. A record review for the Administrator and Staff A, B, C, and F, conducted on _____, revealed that the Administrator and Staff A, B, C, and F's	A 032			

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A 032	Continued From page 17 employee records did not have evidence that the employees participated in an elopement drill. During an attempt to review the facility's elopement drills, conducted on _____ at 09:22am, 12:30pm, and 01:25pm, no elopement drills were provided. During an interview with the Administrator, conducted on _____ at 02:20pm, the Administrator was unable to provide evidence that elopement drills were conducted at least twice annually with all direct care staff and administration. Class III	A 032			
A 052 SS=D	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	A 052			

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A 052	Continued From page 18 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 (d) Applying 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 , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or 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 of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , or preparations. (g) Assisting with medications ordered by the physician or health care professional with	A 052		

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A 052	Continued From page 19 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 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	A 052		

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A 052	Continued From page 20 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. (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	A 052			

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A 052	Continued From page 21 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 proper assistance with self-administration of medications by not advising resident the names and doses of their medications and not popping pills from medication packs in front of the residents for three Residents (#3, #14, and #15) of three sampled residents. Findings Included: During an observation of the medication pass with Staff D (an unlicensed Medication Technician) for Residents #3, #14, and #15, conducted on _____ from 01:10pm through 01:23pm, Staff D obtained Residents #3, #14, and #15's medication in the medication room with no resident present. Staff D did not advise Residents #3, #14, and #15 of the names and doses of their medications. Staff D assisted Resident #3 with the prescribed medication _____ 500mg. Resident #3 was in his own room behind a closed door. During an interview with the Administrator, conducted on _____ at 01:45pm, the Administrator agreed that unlicensed Medication Technician were supposed to pop medications from the pill packs in front of the residents. The Administrator agreed that unlicensed Medication Technicians were supposed to advise residents of the names and doses of their medications. Class III	A 052			

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A 055	Continued From page 22	A 055			
A 055 SS=D	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 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	A 055			

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A 055	Continued From page 23 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 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	A 055			

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A 055	Continued From page 24 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, record review, and interview, the facility failed to ensure discontinued medications were removed from storage with medications in current use for one Resident (#8) of three sampled residents. Findings Included: During an observation of Resident #8's medications in the medication cart, conducted on _____, Resident #8 had a pill bottle of _____ (_____) 2.5/325mg stored on the medication cart with Resident #8's medications that were in current use. A review of Resident #8's medication observation records, conducted on _____, revealed that Resident #8's prescribed medication _____ (_____) 2.5/325mg ended on _____. During an interview with the Health and Wellness Director, conducted on _____ at 03:13pm, the Health and Wellness Director agreed that Resident #8's prescribed medication _____ (_____) 2.5/325mg had been discontinued. The Health and Wellness	A 055		

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A 055	Continued From page 25 Director agreed that the discontinued medication should have been removed from the medication cart and away from Resident #8's medications that were in current use. (Photographic evidence obtained) Class III	A 055			