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
	AL11966804	A. BUILDING: _____ B. WING _____	C 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEDGE MANOR	12006 MCINTOSH ROAD THONOTOSASSA, FL 33592

(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 biennial survey with a generator monitoring survey was conducted at Ledge Manor on . The facility had deficiencies at the time of survey.	A 000		
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 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.	A 052		

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A 052	Continued From page 1 (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 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.	A 052		

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A 052	Continued From page 2 (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 [illegible] 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. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to	A 052		

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A 052	Continued From page 3 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, interview, and record review the Facility failed to ensure proper assistance with self-administration of medications for two (Residents #11 and Resident #12) of two sampled residents that required assistance with self-administration of medication, by failing to remove the prescribed amount of medication in front of the residents, and failing to tell the	A 052		

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A 052	Continued From page 4 residents the dosage of the medication given. Findings Included: During an observation of the medication pass by Staff B conducted on 11/29/2023 at 9:08am, Staff B was standing at the medication cart outside Resident #11's room. The door to the room was shut and no resident was present. Staff B had medication packs on top of the medication cart with pills inside the medication cup, and was in the process of popping out more pills for Resident #11. At 9:10am Resident #11 came to the door, Staff B poured the pre-pulled pills from the cup into her and placed them 1:1 into the medication cup saying the name of the medication. She did not tell Resident #11 all doses of medication. During an interview with Staff B conducted on at 9:10am she said that she sometimes popped the medication in front of the resident but sometimes didn't because he had a hard time getting up due to a recent 's diagnosis. A record review for Resident #11 conducted on revealed an Agency for Healthcare Administration (AHCA) 1823 Resident Assessment form dated that showed Resident #11 required assistance with self-administration of medication. During an observation of the medication pass by Staff C conducted on 11/29/2023 at 9:13am Staff C was standing at the medication cart with a pre-popped blue pill in a medication cup on the med cart. No resident was around. Staff C then	A 052		

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A 052	Continued From page 5 entered Resident #12's room and told her the name of the medication but not the dosage. During an interview with Staff C conducted on [redacted] at 9:13am when asked if she was going to be doing medication pass, she responded that she had already pulled the medication for Resident #12. When asked why she said Resident #12 could not walk and gestured to her room with door shut. She then asked the surveyor how she should do it if the resident cannot walk to the medication cart. A record review for Resident #12 conducted on [redacted] revealed an Agency for Healthcare Administration (AHCA) 1823 Resident Assessment form dated [redacted] that showed Resident #12 required assistance with self-administration of medication. In a record review conducted on [redacted] of the facility policy entitled "Details of Assistance with Self-Administration of Medications" dated [redacted] in paragraph one it says under "Procedure: 1. Taking the medication, in its previouly dispensed, properly labeled container from where it is stored and bringing it to the member. 2. In the prescence of the member, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container." Photographic Evidence Obtained. In an interview with the Administrator conducted on [redacted] at 9:25am she said the medication technicians should pop the medications in front of the residents and tell them the dose and medicine.	A 052		

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A 052	Continued From page 6 Class III	A 052		
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 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 , 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 medication. This Statute or Rule is not met as evidenced by:	A 054		

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A 054	Continued From page 7 Based on observation, record review and interview, the facility failed to maintain daily Medication Observation Records (MORs) that were updated with the times scheduled medication were offered, if more than an hour after they were ordered, for two (Resident #11 and Resident #12) of two sampled residents. Findings Included: In an observation during medication pass with Staff B conducted on 11/29/2023 at 9:10am medications ordered for 8:00am were given to Resident #11. In an observation during medication pass with Staff C conducted on 11/29/2023 at 9:13am medication ordered for 8:00am was given to Resident #12. In a review of the MOR for Resident #11 conducted on medications were marked as given at 8:00am by Staff B and no exceptions were noted for late medications. In a review of the MOR for Resident #12 conducted on medications were marked as given at 8:00am by Staff C and no exceptions were noted for late medications. In a record review conducted on of the facility policy entitled "Details of Assistance with Self-Administration of Medications" dated in paragraph one "Procedure: Assistance with self-administration of medications includes: 6. Keeping a record of when a member receives assistance with self-administration." (Photographic evidence obtained)	A 054		

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A 054	Continued From page 8 In an interview with the Resident Services Coordinator conducted on at 1:20pm she said that they were working with the system to flag for an exception when medications were given over an hour after ordered. In an interview with the Administrator conducted on at 1:20pm she said she would have the system fixed, and that her expectation was medications would be given on time an hour before or up to an hour after ordered. She said she understood the requirement for timely and accurate medication documentation with exceptions noted when medications were late. Class III	A 054		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, 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	A 078		

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A 078	Continued From page 9 . . . . . 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 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,	A 078		

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A 078	Continued From page 10 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 ensure that staff had a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable and an annual statement form a health care provider stating freedom of ( ) for 2 (Staff C and Staff D) out of 4 sampled. Findings include: A review of Staff C employee record conducted on revealed there was a exam in the file but there was no date of the exam listed on the document (photographic evidence obtained). Staff C date of hire was . . . . . . A review of Staff D employee record was conducted on revealed there was no form from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . Staff D's date of hire was . A interview was conducted on 11/29/2023 at 12:23p.m. with the Business Office Manager (BOM) and she agreed that Staff C's form was not dated and that Staff D did not have a statement from a health care provider stating they are free from signs and symptoms of communicable . Class III	A 078		

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A 181 SS=D	59A-36.019(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. (a) The facility must review and submit its emergency management plan on an annual basis in accordance with section 408.821(1), F.S. 1. A significant modification to a previously approved plan must be submitted within 30 days after the change. For the purposes of this rule, "significant modification" means a change to the information provided in support of the minimum required plan criteria, procedures, memorandums of understanding, contracts, or agreements identified in the plan, or , , that alters the execution of the plan and the required arrangements made therein. Changes in spelling or grammar are not considered significant modifications for the purposes of this rule. 2. Changes in the name, address, phone number, email address or position of staff identified in the plan are not considered significant modifications for the purposes of this rule. Changes to that information must be submitted to the county emergency management agency as part of the emergency management plan submitted annually. 3. If a change to the emergency management plan is required to be submitted due to a significant modification, the change must be identified and described. 4. A change to the emergency management plan due to a significant modification does not alter the annual review date unless the change is due to a change of ownership of the facility. (b) The county emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (c) Any plan approved by the county emergency management agency is considered to have met	A 181		

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A 181	Continued From page 12 all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to submit and emergency management plan on an annual basis to the county emergency management department. Findings included: A record review of the facility's approved management plan was conducted on . . . . . and revealed the last approval date from the county emergency management department was . An interview was conducted with the Administrator on . . . . . at 12:28p.m. and she agreed the last approval for their emergency management plan is . . . . . . Class III	A 181		