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
	AL11968631	A. BUILDING: _____ B. WING _____	11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCP STUART LODGE OPCO, LLC	1301 SE PALM BEACH ROAD STUART, FL 34994

(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 Change Of Ownership (CHOW) survey, Complaint (#2022013619 and #2023003168), and a Generator Monitoring survey were conducted on [redacted] at McP Stuart Lodge Opco, LLC. The facility had deficiencies identified related to the Change of Ownership at the time of the survey.	A 000		
A 054	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	A 054		

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A 054	Continued From page 1 429.41, 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: Based on record review and staff interview, the facility failed to ensure accurate medication records for 1 of 2 sampled residents (Resident #2) as it relates to the Controlled Substance Log. The findings included: During Medication Observation Record (MOR) review for Resident #2, it was discovered that the Controlled Substance Log for the 12 AM and 12 PM doses of , 15 milligrams (mg) did not have an accurate accounting of date and time given and remaining quantity of medication. On , the Controlled Substance Log documents that a 12 AM dose of , was provided to Resident #2, and 1 tablet was subtracted from the total medication amount remaining; however, the MOR documents no medication was given at this time. On , the MOR documents a dose of , 15 mg was provided to Resident #2 at 12 AM, but there is no documentation on the Controlled Substance Log of any dose being provided and subtracted from the total medication amount. On the Controlled Substance Log for , 15 mg/12 AM dose, there is documentation for 1 tablet/dose given on at both 12 AM and 12 PM. One tablet was subtracted from the total number of tablets remaining for both the 12 AM and the 12 PM dosage times. The same staff member recorded giving Resident #2 the 12 PM dose on the Controlled Substance Log for , 15 mg/12 PM, and subtracted 1	A 054		

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A 054	Continued From page 2 tablet again from the total quantity. The inaccuracy of the medication records was discussed with the new Administrator on 11/30/23 at approximately 2:30 PM, and she acknowledged the stated concerns. Class III	A 054		
A 056	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	A 056		

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A 056	Continued From page 3 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 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	A 056		

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A 056	Continued From page 4 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, 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 review and interviews, the facility failed to ensure every reasonable effort was made to refill medication for 2 out of 5 sampled residents (Resident #2 and Resident #8). The findings included: 1) Resident #8's Medication Observation Record (MOR) noted , 300 milligrams (mg) was to be given twice a day for . The MOR shows that the resident did not receive the medication from the evening of through the morning of . Review of the explanation notes revealed the reason for the unavailable medication was "backorder" and "pending delivery" with no additional information. During an interview conducted with the Administrator on 11/30/23 at 2:30 PM, she acknowledged this finding. There was no additional information available for review	A 056		

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A 056	Continued From page 5 to show reasonable effort made by the facility to obtain the medication. 2) During an interview conducted with Resident #2 on [redacted] at 10:25 AM, she stated that she often does not have her [redacted] or medications. She stated that she has been without medications for a much as 4 days because staff do not contact the pharmacy to refill the medications in a timely manner. A review of the [redacted] MOR for Resident #2 showed an order for [redacted] ER 10 mg, to be given every 12 hours, with a prescribed date of [redacted] and end date of [redacted]. This order was sent to the Pharmacy on [redacted] and recorded on the Controlled Drug Record as being filled by (name of Pharmacy) on [redacted]. On [redacted], the facility received a total of 10 tablets (5 AM doses and 5 PM doses) at this time. The 10 tablets should have lasted for 5 days ([redacted]), but there is no documentation for a new order or refill on [redacted]. According to the [redacted] MOR, Resident #2 received her last dose of [redacted] ER 10 mg on [redacted] at 10:00 AM. Resident #2 was without this medication ([redacted] ER 10 mg) from 10 PM on [redacted] PM until 10 PM on [redacted]. On [redacted], the facility submitted a refill order for the [redacted] ER 10 mg On [redacted], the Pharmacy provided 20 tablets, which was to last the resident 10 days (10 AM doses and 10 PM doses). On [redacted] at 8:17 AM, the MOR and Controlled Substance Log recorded that Resident #2 had received the last dose from the 20 tablets delivered on [redacted]. On [redacted], Resident #2 was not provided her	A 056		

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A 056	Continued From page 6 AM dose of this , . medication because it was not available. On . . . . . , the facility submitted a refill order for the , ER 10 mg. On . . . . , the Pharmacy provided 60 tablets (30 day supply). 3) A review of the MOR for prescribed medication . , ... HCl 15 mg, to be provided every 6 hours (12 AM, 6 AM, 12 PM, 6 PM) indicates Resident #2 did not receive her scheduled 12 AM dose on and on . . . . . , with no documentation as to why the medication was not provided. 4) A review of the MOR for the prescribed medication , DR 125 mg ( ), to be taken 3 times daily (6 AM, 2 PM and 10 PM) was not provided on . . . . . at 2 PM or on at 2 PM. No documentation was provided as to why Resident #2 was not provided with this medication. A review of the Medication Management: Assistance with or Supervision of Self-Administration Policy (,) states: Medication Assistance Care Staff - AL/MC (Assisted Living/Memory Care) will assist with self-administration, maintain MORs, reorder medication as indicated by the resident or their health care provider...", The inaccuracy of the medication records was discussed with the new Administrator on 11/30/23 at approximately 2:30 PM, and she acknowledged the stated concerns. Class III	A 056		

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A 081	Continued From page 7	A 081		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the	A 081		

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A 081	Continued From page 8	A 081		

employee completed the preservice orientation which must be kept in the employee's personnel record.
(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:
1. Resident's rights; and,
2. The facility's license type and services offered by the facility.
(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:
(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement.
(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting adverse incidents.
2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the

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A 081	Continued From page 9 following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . . , neglect, and , . The facility must use its . . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure training documentation was completed and on file for 2 out of 3 sampled staff (Staff B and Staff C).	A 081		

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A 081	Continued From page 10 The findings included: On , the personnel files for Caregiver Staff B and Caregiver Staff C were reviewed for training certificates in "Pre-Service Orientation". Pre-Service Orientation includes training in Residents' Rights and ALF (Assisted Living Facility) services with a certificate requiring signatures by both the Administrator and the employee prior to the employee interacting with residents. Both staff have a date of hire. a. Caregiver Staff B had no certificate on file. b. Caregiver Staff C had a certificate on file dated with no signatures. During an interview conducted with the Business Office Manager on at 1:00 PM, she acknowledged this finding. The facility provided no additional information for review at this time. Class	A 081		