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
	AL11969859	A. BUILDING: _____ B. WING _____	11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING DELRAY BEACH	14100 VIA FLORA DELRAY BEACH, FL 33484

(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 Relicensure with Limited Nursing Services (LNS), Complaint (#2023007444 and #2023008817) and Generator Monitoring survey were conducted at Inspired Living Delray Beach on and concluded on . The facility had deficiencies identified related to the Generator Monitoring survey and Complaint #2023007444 and #2023008817 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 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.	A 054		

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A 054	Continued From page 1 (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: Based on observation, interviews and record review, the facility failed to ensure the Medication Observation Record (MOR) was completed without error for 1 out of 5 sampled residents (Resident #3). The findings included: On at 10:25 AM, Resident #3 was observed receiving her morning medications from Staff E, Medication Technician (MT). Staff E stated at this time that there were two medications that she could not give to the resident as ordered since they were not available, , and , . She stated she would call the pharmacy to reorder and explained the system that the facility utilizes to obtain refills of medications. A request for medication to be refilled should be made when the medication supply is limited. At 1:50 PM on , the pharmacy was called with Staff E present. The representative stated that both of the medications had not been filled after multiple requests to refill the medication had been received by the facility since . She stated that the Health Care Provider had not responded to the pharmacy's requests to approve the refills. Review of the Medication Observation Record (MOR) for showed the resident received both , and , daily without	A 054		

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A 054	Continued From page 2 missing any doses in , including when morning medication pass was observed. During an interview with Staff E at 1:50 PM, she confirmed that the MOR erroneously showed the resident received the two medications on this date. She stated she electronically chose "N" for "not given" but the computerized entry did not show that they were not given. It could not be determined how long the resident did not have the two medications provided to her as the extent of the inaccuracy of the MOR entries could not be determined from past dates. During a telephone interview conducted on at 12:30 PM, the Director of Nursing for the facility was notified of these findings. The facility provided no additional information for review at this time. 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.	A 056		

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A 056	Continued From page 3 (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 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.	A 056		

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A 056	Continued From page 4 (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, 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 observation, interview and record review, the facility failed to ensure every reasonable effort was made to refill medications in a timely manner for 3 out of 5 sampled residents (Resident #3, Resident #8 and Resident #9). The findings included:	A 056		

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A 056	Continued From page 5 A. On at 10:25 AM, Resident #3 was observed receiving her morning medications from Staff E, Medication Technician (MT). Staff E stated at this time that there were two medications that she could not give to the resident as ordered since they were not available, , and , . She stated she would call the pharmacy to reorder and explained the system that the facility utilizes to obtain refills of medications. A request for medication to be refilled should be made when the medication supply is limited. Staff E was not able to determine how many previous attempts were made to obtain a refill for these medications. At 1:50 PM on , the pharmacy was called with Staff E present. The representative stated that both of the medications had not been filled after multiple requests to refill the medication had been received by the facility since . She stated that the Health Care Provider who had initially prescribed these medications had not responded to the pharmacy's requests to approve the refills. Review of the Medication Observation Record (MOR) for showed the resident received both , and , daily without missing any doses in , including when morning medication pass was observed. During an interview with Staff E at 1:50 PM, she confirmed that the MOR erroneously showed the resident received the two medications on this date. She stated she electronically chose "N" for "not given" but the computerized entry did not show that they were not given. It could not be determined how long the resident did not have the two medications provided to her as the extent of the inaccuracy of	A 056		

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A 056	Continued From page 6 the MOR entries could not be determined from past dates. During a telephone interview conducted on at 12:30 PM, the Director of Nursing for the facility stated during the interview that the medication was now available and were being given to the resident as ordered. She stated that hospice was supposed to order the resident's medications and that she did not know why they were not refilled previously. B. On , Resident #8's MOR was reviewed. The MOR indicated that the resident received a 10 milligram (mg) pill of , on and at 9:00 AM, and none on with a note to indicate "11" as the reason for not receiving it. Review of the resident's record revealed the resident's typed instructions for his medication schedule dated noting that this medication was to be given as follows: 1. tablet (5 mg) on at 6:00 AM 2. tablet (5 mg) on at 6:00 AM 3. tablet (5 mg) on at 6:00 AM There was no documentation available for review to show that the resident's order for the medication had changed from the admission instructions that were received, or the reason why the facility did not provide the resident with the medication on at 6:00 AM. There were no copies of medication orders on file to verify the typed instructions and MOR listings for this resident who was admitted to the facility on . C. On , Resident #9's and , MORs were reviewed. The MORs indicated that the resident did not receive any medication after admission on until at 5:00	A 056		

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A 056	Continued From page 7 PM. The following medications were not filled timely: 1. [redacted] 2. Certavite 3. DDexlansorazole 4. [redacted] 5. [redacted] 6. Fish Oil 7. Iferex [redacted] 8. [redacted] 9. Stiolto [redacted] inhaler 10. Ibandronate A progress note dated [redacted] notes that the "medication has not arrived from (the pharmacy) as of yet. Scripts sent to (the pharmacy) on [redacted]. Resident's (representative) giving resident her medication from supply that he has". It is unknown why the medication supply was not filled and provided to Resident #9 for 5 days as there was no documentation on file to show the effort made by the facility to obtain the medications. Class III	A 056		

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CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	CZ830		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	CZ830		

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CZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to submit necessary Comprehensive Emergency Management Plan (CEMP) revisions within 30 days after notification by the county Emergency Management Agency that CEMP revisions were required. The findings included: On at 9:30 AM, a written list of documents required for the survey process was given to the Resident Engagement Director. The Administrator and Health and Wellness Director were not available during this time. On the list of requested documents was a request for a copy of the approved CEMP and Emergency Environmental Control Plan (EECP). On ..... at approximately 10:15 AM, the Administrator from a sister facility in Royal Palm Beach arrived to assist with providing documentation needed for the Relicensure survey. The written list of documents needed, including the EECP was provided to this Administrator. On ..... at 12:30 PM, no documentation regarding the CEMP/EECP had been provided. The Administrator from Royal Palm Beach stated that she was told the CEMP/EECP had been submitted, but it had not yet been approved. No receipt of submission was provided. Previous records showed that the last approved	CZ830		

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CZ830	Continued From page 3 CEMP/EECP was dated . . . . Further documentation showed that the facility submitted a revised CEMP on . . . . . , but it was rejected on . Review of an email dated at 2:17 PM from the county Senior Planner at the Division of Emergency Management stated that the facility had not submitted anything regarding their CEMP/EECP since . The Division of Emergency Management representative stated, "They continue to be out of compliance." On at 1:35 PM, an email was received from the county Senior Planner at the Division of Emergency Management which confirmed, "We still have not heard from the facility regarding a submission of their CEMP." Class III	CZ830		