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
	AL11969943	A. BUILDING: _____ B. WING _____	12/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE AT TRELAGO THE	901 VISTA TRELAGO MAITLAND, FL 32751

(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 complaint investigation #2023011305 was conducted at The Grove at Trelago on . The facility had deficiencies at the time of the 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 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	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 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 notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (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 [illegible]-to-[illegible] 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 [illegible], [illegible] 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, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within	A 010		

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A 010	Continued From page 3 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. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.	A 010		

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A 010	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on resident record review, observation and interview, the facility failed to obtain a new AHCA Form, 1823 Health Assessment completed by the healthcare provider for continued residency after a significant change for 1 of 3 sampled residents (#6) as required in an assisted living facility (ALF). Findings: A record review of Resident #6 revealed a facility's admission date of . A Health Assessment Form (1823) indicates the ability to self-administer medications and spouse will help administer medication for patient. On at 1:00pm Staff C stated "resident #6 received her meds even though the card was sent out with another resident. Staff C stated resident #6 has several cards and her card must have been placed in the other resident's slot on the cart." A facility's note on at 21:47 read, "Scheduled evening medications given as ordered." A facility's note on at 00:07 read, "Scheduled evening medications given as ordered and no acute distress noted." A facility's note on at 10:54 read, "Resident is , and requiring redirection from staff. Staff rounding on resident hourly, but 1:1 would be most beneficial at this time." On at 6:30pm The Director of Nursing stated, "the 1823 for Resident #6 is wrong and	A 010		

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A 010	Continued From page 5 her husband does not do her medications. We administer here at the facility. Resident #6 does not have an updated 1823. I noticed the 1823 did not match what we were doing for her. We started doing resident #6 meds in . . . of this year." A review of resident #6 Medication Observation Record revealed the facility began administering her medication on . . On at 7:05pm The Administrator and Director of Nursing confirmed the findings. Class III	A 010		
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	A 052		

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A 052	Continued From page 6 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 prescriptive authority to be given "as needed,"	A 052		

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A 052	Continued From page 7 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 doses to the medication container. Medication,	A 052		

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A 052	Continued From page 8 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 assisting with the self-administration of	A 052		

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A 052	Continued From page 9 medication. This Statute or Rule is not met as evidenced by: Based on interviews, observations, and record review, the facility failed to ensure 1 of 3 residents who receives assistance with self-administration by unlicensed staff received the correct medication while away from the facility (#5.) Findings: An Interview on . . . . . at 1:00pm Staff C stated, "Just recently I gave Resident #5 the wrong meds who signed out to leave for . . days. I didn't catch it until after the fact when they returned to the facility. I reported it to my Director of Nursing (DON). I did not write a statement, but it's documented through text message. I completed the paperwork ahead of time, so it was prepared because I was not scheduled to be there the day resident #5 said she was leaving. I went in the binder to get the medication release form, pulled the Medication Observation Records, and looked at the doctor orders. I pulled each card, I go through the MORs, and write each number on the form. The medication given was , 5mg that belonged to resident #6 and resident #5 should have received 20mg." The protocol is to give them everything because it was multiple days. I've completed the 6-hr. initial Medication Training but not the renewal. The DON told me to wait because they want all the staff to be on the same thing, renewal." A record review revealed a facility's admission date of . . . . . A . . . . . Health Assessment Form (1823) indicates recent memory , at times, nursing medication management, and needs assistance with	A 052		

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A 052	Continued From page 10 self-administration. On at 1:45pm Resident #5 stated, "I went to Mexico to celebrate a family member's 91st birthday. The facility usually does my medication, but I kept them and prepared a few extra days. Resident #5 stated, they gave me the wrong medication dose and I talked to them when I got . I gave the meds to Staff C and reported them to the Director of Nursing. Resident #5 stated it was a low dose of what I normally take. I was prescribed 20 mg and they sent me 5mg. So, I took it. That explains why I didn't want to be alone because I had the wrong dosage. My POA helped me with my medications each day. I'm not sure if he knew, but I had to take it, it looked the same just the wrong dose." A review of the facility's Medication Release Form for Resident #5 indicates a date of departure and return by . The medication # 2369445 , (,) 5mg, admin time 8am, 1 tab by . Staff C was identified as releasing the medication to Resident #5. A review of Resident #5's Medication Observation Record (MORs) revealed #2407184 , (equal to: ,) 20 mg tabs, take 1 tablet by once daily for , with , at 8am. On , , , , , and revealed 3 indicating absent from home with meds. On revealed 1 indicating absence from home without meds. A review of the facility's dated Assistance with Self-Administration of Medications policy states, "The Community utilizes Unlicensed Staff who are trained in	A 052		

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A 052	Continued From page 11 providing assistance with self-administration of medications in accordance with F.S. Chapter 429. The Medication Assistants shall receive oversight by a Nurse. When a resident who receives assistance with medication is away from the Community and from Community staff, the following options are available to enable the resident to take medication as prescribed: The medication container may be given to the resident or a friend or family member upon leaving the Community, with this fact noted in the resident's medication record." On at 4:05pm The Director of Nursing stated "what medication error, these are all the notes that we have for Resident #5. The Regional Nurse stated this is not like a nursing home. We only document when there's a change. The DON stated, oh yea, I recall hearing something about that. I'll have to go see if something was documented or written up for that." On at 4:10pm Resident #5's POA stated, "we did not realize until we were on our way or after we returned that resident #5 was receiving a prescription that belongs to someone else. The POA stated, after looking on the trip, she did seem different, her was higher, and it affected her appetite. She didn't eat nearly as much. It was hard to attribute to the medication because we were unaware at the time. I thought maybe it was because she had not traveled in over 10 years out of the country. No, I did not speak with anyone as Resident #5 stated she would take care of it. The POA stated, no, the facility did not give me the medications or any instructions. They provided the medications to resident #5." On at 4:30pm The DON returned	A 052		

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A 052	Continued From page 12 stating, "there is no documentation of the incident that occurred of the medication. I apologize, Staff C told me about it, but I did not document it." On at 6:15pm A review of Staff C's record revealed a hire date of . A Certificate of Medication Administration indicated a 6-hr. initial on and a 2-hr. refresher on . On at 6:25pm The DON stated, "Staff C followed their medication policy and was able to prepare the medication and release form for resident #5. I don't have any additional training documentation for the 2-hour refresher for . I'll contact Staff C to see if he has it. Oh, I didn't realize the training was past due. Yes, I told him I would have to check and schedule for everyone." On at 6:30pm The DON stated resident #5 is alert and oriented and therefore able to sign for her meds. The staff should have gone over the list with her and the dosage before they both signed it. They signed the medications in on . Resident #5 came on the 23rd to the facility but did not stay. I have not spoken with resident #5 in regard to the incident." On at 7:05pm The Administrator and Director of Nursing confirmed the findings. Class III	A 052		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS.	A 056		

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A 056	Continued From page 13 (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must 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	A 056		

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
	AL11969943	A. BUILDING: _____ B. WING _____	12/04/2023

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GROVE AT TRELAGO THE	901 VISTA TRELAGO MAITLAND, FL 32751

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A 056	Continued From page 14 resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 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	A 056		

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A 056	Continued From page 15 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 observations, record reviews and interviews, the facility failed to ensure prescription drugs for 1 of 3 sampled residents who require assistance with self-administration of medications were properly labeled with the manufacturer's labeled packaging contained the following: practitioner's name, resident name, date dispensed, name and strength of the drug, direction for use, expiration date; and failed to ensure a change in directions for use of a medication administered by the facility was accompanied by a written, faxes, or electronic copy issued by the resident's healthcare provider. (#4) Findings: On at 11am Observations made during a med pass between Staff B and Resident #4 revealed a bottle of , and , Tablet 25mg/100mg was removed from the med cart and no label was identified with the resident's name, practitioner's name, pharmacy, date dispensed, direction for use or expiration date. Observations also revealed Resident #4's , 100mg revealed the medication should be administered 3 times a day at 8am - 4pm - 8pm. On at 11am Staff B stated, "Oh, for the . . . . . , . / . . . . . , . . no, there's no label. We usually just write on the top of the bottle the dose and room number. Staff B stated, "Resident #4's family brings her medication in a bag from the	A 056		

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A 056	Continued From page 16 local pharmacy, and we just let her know when we need refills. I go by the Medication Observation Record (MORs) to administer. Staff B stated, "the orders for the , were changed some time ago and the Director of Nursing (DON) would be able to provide that. Staff B stated, "the resident is still receiving the medication 3 times a day. The 4pm dose was changed to noon." A review of the facility's Medication Labeling Policy states, "Starling (managing company) will adhere to the following procedures: "No prescription drug shall be kept or administered by the Community, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with chapters 465 and 499, F.S., Rule 64B16 and FAC 58A-5.0185. All prescriptions must be legally dispensed and labeled by a pharmacist as per the prescribing physician, physician's assistant or ARNP of the resident for whom it is prescribed. The label will include the following information: practitioner's name, resident's name, date dispensed, name and strength of drug, quantity of drug in container, directions for use, including specifically when the medication is to be taken, Pharmacy name, address and telephone number, expiration date. 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: the resident's name, and identification of each medicinal drug product in the container." A review of the facility's Change in Medication Directions Policy states, "Starling (managing company) will adhere to the following	A 056		

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A 056	Continued From page 17 procedures: "Any change in directions for use of a medication for which the Community is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident's health care provider, or a faxed copy of such order. Preferred Guideline: The Community may place an "alert" label on the medication container that directs staff to examine the revised directions for use in the MOR or obtain a revised label from the pharmacist." On [redacted] at 6:45pm The Director of Nursing stated, "We're not following the policy if there is no label. The pharmacy should have put a label on it. The only change is the time. There was no alert label on it, the staff has the labels upstairs. If they tell me, I can fix it." Class III	A 056		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of	A 084		

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A 084	Continued From page 18 medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;	A 084		

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A 084	Continued From page 19 e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the or manipulation of the site; and, n. Measurement of rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have	A 084		

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A 084	Continued From page 20 successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure prescription drugs for 1 of 3 sampled residents who require assistance with self-administration of medications were properly labeled with the manufacturer's labeled packaging contained the following: practitioner's name, resident name, date dispensed, name and strength of the drug, direction for use, expiration date; and failed to ensure a change in directions for use of a medication administered by the facility was accompanied by a written, faxes, or electronic copy issued by the resident's healthcare provider. (#4) Findings: On at 11am Observations made during a med pass between Staff B and Resident	A 084		

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A	Continued From page 21 #4 revealed a bottle of [redacted] and [redacted] Tablet 25mg/100mg was removed from the med cart and no label was identified with the resident's name, practitioner's name, pharmacy, date dispensed, direction for use or expiration date. Observations also revealed Resident #4's [redacted] 100mg revealed the medication should be administered 3 times a day at 8am - 4pm - 8pm. On [redacted] at 11am Staff B stated, "Oh, for the [redacted] no, there's no label. We usually just write on the top of the bottle the dose and room number. Staff B stated, "Resident #4's family brings her medication in a bag from the local pharmacy, and we just let her know when we need refills. I go by the Medication Observation Record (MORs) to administer. Staff B stated, "the orders for the [redacted] were changed some time ago and the Director of Nursing (DON) would be able to provide that. Staff B stated, "the resident is still receiving the medication 3 times a day. The 4pm dose was changed to noon." A review of the facility's Medication Labeling Policy states, "Starling will adhere to the following procedures: "No prescription drug shall be kept or administered by the Community, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with chapters 465 and 499, F.S., Rule 64B16 and FAC 58A-5.0185. All prescriptions must be legally dispensed and labeled by a pharmacist as per the prescribing physician, physician's assistant or ARNP of the resident for whom it is prescribed. The label will include the following information: practitioner's name, resident's name, date dispensed, name and strength of drug, quantity of drug in	A 084		

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A 084	Continued From page 22 container, directions for use, including specifically when the medication is to be taken, Pharmacy name, address and telephone number, expiration date. 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: the resident's name, and identification of each medicinal drug product in the container." A review of the facility's Change in Medication Directions Policy states, "Starling will adhere to the following procedures: "Any change in directions for use of a medication for which the Community is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident's health care provider, or a faxed copy of such order. Preferred Guideline: The Community may place an "alert" label on the medication container that directs staff to examine the revised directions for use in the MOR or obtain a revised label from the pharmacist." On at 6:45pm The Director of Nursing stated, "We're not following the policy if there is no label. The pharmacy should have put a label on it. The only change is the time. There was no alert label on it, the staff has the labels upstairs. If they tell me, I can fix it." Class III	A 084		