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
	AL11967857	A. BUILDING: _____ B. WING _____	C 12/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WENTWORTH CENTRAL AVENUE	6280 CENTRAL AVE, STE 312 SAINT PETERSBURG, FL 33707

(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 (complaint numbers 2023015873) in conjunction with a generator monitoring survey was conducted at Wentworth Central Avenue on . . . . . Deficiencies were identified at the time of survey.	A 000		
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	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to update Medication Observation Records (MORs) appropriately each time medications were offered to 2 (Resident #3, and Resident #4) of 4 sampled residents. Findings Included: A record review of Resident #3's MORs was conducted on revealed that Resident #3's Thera-M (MVI W/Mins) tabs had been unavailable and waiting for pharmacy on , , , , , and , however had been documented as given on and . A record review of Resident #4's MORs was conducted on revealed that Resident #4's D3 5,000 (125mg) IU had been unavailable and waiting for pharmacy on , , , , , , , and . However, the medication had been documented as given on , , , , , and . During an interview conducted on at 11:16am with the Resident Care Coordinator she stated Resident #4 did not have her D medication available for a while because she was in the process of changing doctors and a new script is needed. She also stated she knows Resident #3 had been out of her Thera-M and it had just been delivered from pharmacy. She	A 054		

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A 054	Continued From page 2 confirmed the MORs had . documentation and the medications were documented as given when they were unavailable. Class III	A 054		