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
	AL11965079	A. BUILDING: _____ B. WING _____	01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDSAY'S ALTERNATIVE CARE, INC	5783 NW 48TH DRIVE CORAL SPRINGS, FL 33067

(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 and Generator Monitoring survey was conducted on [redacted] at Lindsay's Alternative Care, Inc. The facility had a deficiency identified 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 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	A 054		

AHCA Form 3020-0001

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

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A 054	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on observations and record review, it was determined that the Medication Tech failed to update the Medication Observation Records (MORs) immediately after assisting each resident with his/her self-administering medications, for 5 of 6 sampled residents' MORs reviewed (Resident # 1,3,4,5 and 6). As evidence of the facility pre-signing the MORs prior to assisting medications and failing to signing the MORs at the time assistance was provided. The findings included: During the medication review with Staff C on [redacted], the following concerns were noted. 1) On [redacted] at 9:30AM,a medication observation was conducted with Staff C (Medication Tech). Resident #1 MOR was reviewed and it revealed Staff C signed the MOR prior to administering the PM medications for noted date. (See photographic attachment). a) [redacted] 50mg tab *Take 1 tab 3 times daily -2:00 and 8:00PM b) [redacted] 25mg tabs * Take .5 ( ) tab 12.5 mg 2 times a day. Hold for [redacted] less than 110 [redacted] .-4:00PM c) Diphenhyd [redacted] CP 50mg AKR-1000 * Take 1 cap in the morning for itching twice a day.---8:00PM d) [redacted] 2.5% cream * Apply 1 to 2 grams [redacted] to affected area twice daily under for 7 days.-8:00PM e) [redacted] 4mg tab *Take 1 tab twice a day for / [redacted]---8:00PM f) [redacted] 3mg * Take 1 tab once a day at 5PM-5PM	A 054		

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A 054	Continued From page 2 g) [illegible] 15mg tablet * Take 1 tablet at bedtime for [illegible] ---8PM h) [illegible] 40mg tablet * Take 1 tab at bedtime-8PM i) [illegible] Softener/[illegible] 50-8.6mg tab * Take 1 tab every night at bedtime for [illegible] ---8PM j) [illegible] (2.5 MG/3ML) 0.083% Empty 1 ampule into [illegible] & inhale by 3 times a day---2:00-8PM. 2) On [illegible] at 9:55AM, a medication observation was conducted with Staff C. Resident #3 MOR was reviewed and it revealed Staff C signed the MOR prior to administrating the PM medication for noted date. (See photographic attachment). a) [illegible] 600mg tab * Take 1 tab 3 times a day -2:00/8PM b) [illegible] 500 mg tab *Take 1 tab 3 times a day-2:00/8PM c) [illegible] 25mg/100 mg tabs * Take 1tab 3 times a day 2:00/8PM d) [illegible] 25mg tabs * Take 1 tab twice a day-8:00PM e) Lubricating [illegible] 0.400.3%solution *Instill 1 drop into both [illegible] twice a day---8:00PM f) [illegible] Tab 50mg OXF 500 *Take 2 tabs twice a day----8:00PM 3) On [illegible] at 9:50PM a medication observation was conducted with Staff C. Resident #4's MOR was reviewed and it revealed Staff C signed the MOR prior to administrating the PM medications for noted date. (See photographic attachment). a) [illegible] MES 2 mg Tab *Take 1 tab once daily-8:00AM b) [illegible] SOD DR 500 MG TA * Take 2 tabs every night at bedtime-8:00PM	A 054		

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A 054	Continued From page 3 c) Ferosul 325 (65) MG Tabs *Take 1 tab twice daily-8:00AM/8:00PM d) , 10mg tabs *Take 1 tab at bedtime-8:00PM e) , 20 MG CPDR *Take 1 cap every day -8:00AM f) 100mg *Take 1 tab everyday-8:00PM g) , 15 mg *Take 1 cap at bedtime-8:00PM h) 100mg tabs *Take 1 tab every night at bedtime-8:00PM i) D3 25 MCG (1000 UT) * Take 1 tab once a day-8:00AM j) , 80mg caps* Take 1 cap twice a day with food -8:00AM/8:00PM. 4) On at 9:40AM a medication observation was conducted with Staff C. Resident #5 MOR was reviewed and it revealed Staff C signed the MOR prior to administrating the PM medications on noted date. (See photographic attachment). a) 600mg tabs *Take 1 tab twice a day-8:00PM b) , 325 mg tabs *Take 2 tabs twice a day----8:00PM c) 10mg tabs *Take 1 tab once daily at bedtime-8:00PM d) , 25mg tabs *Take 1 tab at bedtime e) 100mg Tabs *Take 1 tab once a day at bedtime. 5) On at 9:50AM a medication observation was conducted with Staff C. Resident #6 MOR was reviewed and it revealed Staff C signed the MOR prior to administrating the PM medications. (See photographic attachment).	A 054		

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A 054	Continued From page 4 a) . . . . . 250mg tab *Take 1 tab 3 times a day-4PM/8:00PM b) . . . . . 5mg UNI 500 *Take 1 tab 3 times a day-4PM/8:00PM c) . . . . . 0.5mg tab * Take 1 tab 3 times a day-5PM/8:00PM d) . . . . . DR 40mg tab *Take 1 tab twice daily---8:00PM e) . . . . . 100mg cap *Take 1 cap twice daily-8:00PM f) . . . . . 10 gm/15ml solution *Take 30ml twice a day-8:00PM g) . . . . . 8.6 mg tab *Take 1 tab at bedtime-8:00PM h) . . . . . 50mg tab *Take 1 tab once daily at bedtime-8:00PM. During an interview with the Supervisor on . . . . . at approximately, 10:00AM she acknowledged the findings. Class III	A 054		