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
	AL11964054	A. BUILDING: _____ B. WING _____	01/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDY CARE AT CORAL SPRINGS INC	9565 NW 27TH STREET CORAL SPRINGS, FL 33065

(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 Lindy Care at Coral Springs Inc. The facility had a deficiency 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		

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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 facility failed to ensure that staff assisting residents with self-administered medications update the Medication Observation Records (MORs) immediately after assisting with medications, for 3 of 5 sampled residents' records reviewed (Resident #2,#3 and #5). The findings included: On . . . . . at 9:10AM a medication observation was conducted with Staff B(Medication Tech/Home Health Aide). The MORs for the , was reviewed and it revealed Staff B provided no immediate signature after administrating medications to the following residents: A) Resident#2 -The following medication was not signed off after administrating at 8:00AM. Therems- M-Tab -Take 1 tab daily in the morning. B) Resident #3 On . . . . . -The following medication was not signed off after administrating at 8:00AM. . . . . . CL ER 20 MEQ - Take 1 tab Monday -Friday in morning. C) Resident #5 On . . . . . -The following medication was not signed off after administrating at 8:00PM , ... 10mg tab - Take 1 tab at bedtime. . . . . . at 1:00PM interview with Administrator. She stated her staff became nervous when this surveyor arrived, and she didn't have her glasses on when signing off on	A 054		

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A 054	Continued From page 2 the MORS. She further stated Staff B is very efficient and she knows what to do and the medications were given. This surveyor requested all medications of the residents. The administrator brought all the medications and it was revealed that the medications were popped from the bubble pack for . . . . . AM/PM and AM. The administrator stated I know my staff gave the medications she just didn't sign off as she should have. She further stated I will provide additional training for all staff. On . . . . . at 1:15PM interview with Staff B revealed she didn't have her glasses on when doing her medication pass and she overlooked signing off on a few medications. Staff B said I gave the medication to the resident. She stated this won't happen again. During an interview with the Administrator on . . . . . at 3:30PM she acknowledged the findings. Class III	A 054		