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
	AL11964870	A. BUILDING: _____ B. WING _____	R 10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING FORT MYERS	9461 HEALTHPARK CIRCLE FORT MYERS, FL 33908

(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 follow-up by desk review was conducted from . . . . . through . . . . . for Pacifica Senior Living Fort Myers, an assisted living facility in Fort Myers, Florida. The follow-up was in response to the complaint survey completed on . Based on the facility's plan of correction and supporting documentation, A200 and AN277 were corrected as of . The deficiency at A056 was recited. The following is a description of the deficiency.	{A 000}		
{A 056} SS=D	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. (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	{A 056}		

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{A 056}	Continued From page 1 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. (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	{A 056}		

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{A 056}	Continued From page 2 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, record review and staff interview the facility failed to ensure medications ordered by a physician were acquired and available for 1 (Resident's #900) of 2 residents reviewed for medication on . The findings include: Review of facility policy: Med 09- medication refills, policy date . . . . indicated Medication refills will be obtained in a timely manner to ensure residents have all physician ordered medication available. #1: The med tech on duty contacts the dispensing pharmacy to obtain a refill at least 7 days prior to running out of a medication, unless medication is on a cycle refill with the pharmacy. #2. If necessary, the	{A 056}		

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{A 056}	Continued From page 3 prescribing physician is contacted for a new order. #3. Medications are never allowed to run out unless directed by the physician. #5. When there is any delay in the receipt of the medications that result in the unavailability of the medication to be given, the Resident Care Director is notified. a.) The Community's -up pharmacy may need to be used if urgent medication refills are unable to be obtained from the usual dispensing pharmacy. Record review revealed Resident #900 did not receive the following medication as ordered: 1. , (used to treat , , ,) 125 milligrams (mg) Delayed Release (DR) , on at 8:59 a.m., reason noted was "wait on pharmacy". 2. , 125 mg DR , on at 12:47 p.m., reason noted was "wait for a new one". 3. , 125 mg DR , on at 8:45 a.m., reason noted was "ordered". 4. , 125 mg DR , on at 11:28 a.m., reason noted was "ordered". 5. , 125 mg DR , on at 7:12 a.m., reason noted was "wait on pharmacy". 6. , 125 mg DR , on at 11:17 a.m., reason noted was "on order". 7. , 125 mg DR , on at 8:50 a.m., reason noted was "wait on pharmacy". 8. , 125 mg DR , on at 1:26 p.m., reason noted was "on order". 9. , 125 mg DR , on at 9:52 a.m., reason noted was "wait on order". 10. , 125 mg DR , on at 12:49 p.m., reason noted was "wait on order". On at 10:30 a.m. in a phone interview,	{A 056}		

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{A 056}	Continued From page 4 the facility Executive Director confirmed Resident #900 did not receive the , on the dates listed and said the Resident Services Director had not been checking the daily missed medication log. Class III	{A 056}		