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
	AL11969827	A. BUILDING: _____ B. WING _____	01/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR LIVING	5650 GANTT RD SARASOTA, FL 34233

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A 000	Initial Comments An unannounced relicensure, extended congregate care, emergency power plan, health facility reporting system, generator, visitation form, and complaint survey for #2022008128, #2022018530, #2023003026, #2023003906, #2023006213, and #2023014743 was conducted on through at Brookdale Phillippi Creek, an assisted living facility in Sarasota, Florida. Complaint #2022008128 was unsubstantiated. Complaint #2022018530 was unsubstantiated. Complaint #2023003026 was unsubstantiated. Complaint #2023003906 was substantiated at A052. Complaint #2023006213 was unsubstantiated. Complaint #2023014743 was substantiated without citation. The following is a description of the deficiencies.	A 000		
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,	A 052		

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A 052	Continued From page 1 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 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.	A 052		

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A 052	Continued From page 2 (f) Assisting with [illegible], [illegible], or [illegible] preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," 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 [illegible] 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.	A 052		

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A 052	Continued From page 3 (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, 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	A 052		

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A 052	Continued From page 4 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 medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure assistance with self-administration of medications were administered properly to 1 (Resident #3) of 3 residents reviewed during medication observation. The findings included: Review of the medical Record for Resident #3 revealed admission to the facility on with diagnoses of , , , poor safety awareness, risk and poor balance. Medication pass observation was conducted on at 7:48 a.m. with Medication Assistant (MA) Staff I in the memory care unit. MA Staff I took 2 medication packets from the box in the medication drawer in the medication cart that was labeled with Resident #3's name and room number. Staff I verified the medication then dispensed the prescribed doses of medication into a medication cup. Staff I took the medication in the cup and a glass of water to Resident #3. The Staff I handed the cup of medications to the resident and told her this was her medications. Staff I did not read off the medication label of the packet of medications or inform the resident what medications she was given and did not instruct the resident to take the (under her).	A 052		

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A 052	Continued From page 5 Review of the Resident #3's "Medication Observation Record" (MOR) for ... revealed the following morning medications were due: ... 325 mg take 2 tabs. ... 81 mg tale 1 tab. ... cap 5000 mcg take 1 capsule. Ferosul 325 mg take 1 tab. ... Sod 100 mcg take 1 tablet. ... Pot 25 mg take 1 tablet. ... 50 mg take 1 tablet. - NOT GIVEN ... 50 mg take 1 and ½ tablet. ... 2500 mcg take 1 tablet ... - NO INSTRUCTED TO TAKE ... On review of Physician's order report for Resident #3 the following medication were order for the AM medication pass: ... 325 mg take 2 tabs. ... 81 mg tale 1 tab. ... cap 5000 mcg take 1 capsule. Ferosul 325 mg take 1 tab. ... Sod 100 mcg take 1 tablet. ... Pot 25 mg take 1 tablet. ... 50 mg take 1 tablet. ... 50 mg take 1 and ½ tablet. ... 2500 mcg take 1 tablet ... On ... at 8:30 a.m., MA Staff I said she did not realize she had not given Resident #3 the ... 50 mg tablet and that it was not in one of the 2 packages that she had removed for the resident. The Staff I acknowledged that she had not informed the resident of the medication that she was being given in the medication cup and that the resident was not asked to place the medication ... under her ... when taking it.	A 052		

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A 052	Continued From page 6 On [redacted] at 9:53 a.m., MA Staff J said she checked the medication cart and found that the medication [redacted], 50 mg for Resident #3 was in a separate bubble pack card and was not in the packet prepared by pharmacy. Staff J said the [redacted] had to be taken out of its card. On [redacted] at 9:55 a.m., the Wellness Director (WD) stated that the Medication Assistant must read out each medication to the resident that they are assisting with self-administration. WD stated that Resident #3 does not have a wavier to allow the MA not to tell her the medications. WD also stated that she was aware that the medication [redacted], 50 mg was in a bubble pack card and should have been given with the other medications. WD said the [redacted] should have been taken separately and that the MA should have instructed the resident to place [redacted] under her [redacted].	A 052		
AE203 SS=D	59A-36.021(3) FAC ECC - Staffing Requirements (3) STAFFING REQUIREMENTS. The following staffing requirements apply for extended congregate care services: (a) Supervision by an administrator who has a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long-term care, or acute care setting or agency serving elderly or [redacted] persons. If an administrator appoints a manager as the supervisor of an extended congregate care facility, both the administrator and manager must satisfy the requirements of subsection 59A-36.010(1), F.A.C. 1. A baccalaureate degree may be substituted for one year of the required experience. 2. A nursing home administrator licensed under	AE203		

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AE203	Continued From page 7 chapter 468, F.S., is qualified under this paragraph. (b) Provide staff or contract the services of a nurse who must be available to provide nursing services, participate in the development of resident service plans, and perform monthly nursing assessments for extended congregate care residents. (c) Provide enough qualified staff to meet the needs of extended congregate care residents in accordance with rule 59A-36.010, F.A.C., and to provide the services established in each resident's service plan. (d) Ensure that adequate staff is awake during all hours to meet the scheduled and unscheduled needs of residents. (e) Immediately provide additional or appropriately qualified staff, when the agency determines that service plans are not being followed or that residents' needs are not being met because insufficient staffing, in accordance with the staffing standards established in rule 59A-36.010, F.A.C. (f) Ensure and document that staff receive extended congregate care training as required in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure the Extended Congregate Care (ECC) program was supervised by a trained, qualified staff person. The Facility Document titled "Requirements of ECC Supervisor" (no effective date), said Each ECC program shall specify a staff member to serve as the ECC supervisor ... Each community must have a separate ECC supervisor designated in writing. The Administrator and the supervisor must	AE203		

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AE203	Continued From page 8 complete the Core training and initial ECC training and 4 hours of biennial continuing education training. The ECC supervisor shall be responsible for the general supervision of the day-to-day management of the ECC program and ECC resident service planning. The ECC supervisor shall be available to provide nursing services as needed by ECC residents, participate in the development of resident services plans, and perform monthly nursing assessments (if an RN). The findings included: On at 10:45 a.m., the Administrator said, the designated "ECC supervisor had not been to the community. She is the Senior Vice President of Wellness with the facility management company. We do not have an ECC contract with her." On at 1:00 p.m., the Business manager said he did not know when the ECC supervisor was hired. On , a review of the designated ECC supervisor employee file noted there was no ECC employee contract, and no required CORE or ECC training. Class III	AE203		
AE207 SS=D	59A-36.021(7) FAC ECC - Services (7) EXTENDED CONGREGATE CARE SERVICES. All services must be provided in the least restrictive environment, and in a manner that respects the resident's independence,	AE207		

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AE207	Continued From page 9 privacy, and dignity. (a) A facility providing extended congregate care services may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self-directed activities, and volunteer services. Family or friends must be encouraged to provide supportive services for residents. The facility must provide training for family or friends to enable them to provide supportive services in accordance with the resident's service plan. (b) A facility providing extended congregate care services must make available the following additional services if required by the resident's service plan: 1. Total help with bathing, [illegible], grooming and toileting, 2. Nursing assessments conducted more frequently than monthly, 3. Measurement and recording of basic vital functions and [illegible], 4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident's food and fluid intake and output, 5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care practitioner's order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed persons will be providing such assistance, obtain the resident's or the resident's surrogate, guardian, or attorney-in-fact's informed written consent to provide such assistance as required in	AE207		

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AE207	Continued From page 10 section 429.256, F.S., 6. Supervision of residents with and 7. Health education and counseling and the implementation of health-promoting programs and preventive regimes, 8. Provision or arrangement for rehabilitative services; and, 9. Provision of escort services to health-related (c) Nursing staff providing extended congregate care services may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility's written policies and procedures, provided the nursing services are: 1. Authorized by a health care practitioner's order and pursuant to a plan of care, 2. Medically necessary and appropriate for treatment of the resident's condition, 3. In accordance with the prevailing standard of practice in the nursing community, 4. A service that can be safely, effectively, and efficiently provided in the facility, 5. Recorded in nursing progress notes; and, 6. In accordance with the resident's service plan. (d) At least monthly, or more frequently if required by the resident's service plan, a nursing assessment of the resident must be conducted. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide Extended Congregate Care (ECC) services in accordance with the physician's orders and the residency agreement for 4 (Resident #26, #25, #24, #27) of 4 sampled residents receiving third party services. The facility failed to employ a	AE207		

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AE207	Continued From page 11 Registered Nurse for the ECC license. The findings included: A review of the facility's posted license showed they have an Extended Congregate Care License. The facility residency agreement Exhibit E identified services performed by an ALF with an extended congregate care license which included the following statement. "Licensed nursing staff in an ECC program may provide any nursing service permitted within the scope of their license consistent with residency requirements ... and the nursing services are authorized by a health care providers order and pursuant to a plan of care; medically necessary and appropriate for treatment of the resident's condition; and in accordance with the prevailing standard of practice in the nursing community; a service that can be safely, effectively, and efficiently provided in the facility; recorded in the nursing progress notes; and in accordance with the residents service plan. On [redacted] at 10:45 a.m., the Administrator said the designated ECC Supervisor had not been to the community. She is the "Senior Vice President of Wellness" with the facility management company. We do not have an ECC contract with her. When residents are touring or admitting they are not given an ECC brochure, I know it is in the contract and it is discussed that we have it. I have never promoted ECC at this facility. On [redacted] at 11:30 a.m., the Marketing Director said we do not offer ECC to potential residents unless they ask about it. If they ask, we explain it is available on a case-by-case basis.	AE207		

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AE207	Continued From page 12 Review of facility records revealed four residents are receiving home health services for care. Nursing services provided by the facility. 1. Resident #26 was admitted to the facility on . He was admitted to home health on for care to a surgical , site. The service plan, last updated on , does not include a reference for care related to a surgical . 2. Resident #25 was admitted to the facility on . Resident #26 was referred to home health services on for lower extremity , checking , observing for fluid retention, and care to a on her . The service plan was effective . 3. Resident #24 was admitted to the facility on . On Resident #24 was referred to home health for care to a on his left . The service plan was updated on and did not include any third party services. On /24 at 1:15 pm., Resident #24 said he was not given a choice, the facility told me I "needed to have someone from the outside come in and change the ." 4. Resident #27 was admitted to the facility on with a . No ECC services were offered. The service plan was updated on but did not reflect the third party provider was used for care. Class III	AE207		