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
	AL11964518	A. BUILDING: _____ B. WING _____	12/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS OF SARASOTA SENIOR LIVING	1809 18TH STREET SARASOTA, FL 34234

(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 complaint survey for #2023018501 was conducted on . . . . at The Meadows of Sarasota Senior Living, an assisted living facility in Sarasota, Florida. Complaint #2023018501 was substantiated at A 030. The following is a description of the deficiency.	A 000		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1 telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed	A 030		

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A 030	Continued From page 2 capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from [redacted] and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the	A 030		

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A 030	Continued From page 3 resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making . , , . for health care services, the provision of or arrangement of transportation to health care , , ., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and	A 030		

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A 030	Continued From page 4 provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are	A 030		

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A 030	Continued From page 5 kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on medical record review and staff interview the facility failed to honor resident rights and failed to provide a safe living environment for 1 (Resident #1) of 3 residents reviewed for medications. The facility failed to provide adequate and appropriate health care as	A 030		

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A 030	Continued From page 6 indicated by failing to ensure Resident #1 received medications as ordered by her physician. Which may have contributed to her health decline issues. The finding include: Review of Resident #1's "Health Assessment for Assisted Living Facilities," dated indicated that the resident had the following diagnosis: ( ), Sleep , (OSA), ( ), ( ), Generalized (GAD), (OA) of right and a history of dependence. The resident's Health Assessment indicated Resident #1 needed assistance with self-administration of medications. Review of Resident #1's "Medication Observation Record" (MOR) for the month of , revealed that the following medication were not given to the resident as ordered by the physician: * -Salmeterol 100-50 mcg/act ordered to be inhaled twice a day for ( ). Resident #1 was not given 4 doses due to the medication not being available from the pharmacy. * Trelegy , 200-62. order to be inhaled once a day every day for ( ). Medication was ordered by the physician on and Resident #1 was never given for 8 days with no explanation why. * HFA order to be inhaled every 6 hours as needed. Medication is given for and breathing problems. Resident #1	A 030		

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A 030	Continued From page 7	A 030		

asked for this inhaler 8 times, but it was not given due to medication not being available from pharmacy.
* 400 mg to be given once a day at bedtime for , and , . Resident #1 was not given 7 doses due to medication not being available from pharmacy.
* 2 mg ordered to be given 3 times a day as needed for . Resident #1 asked for this medication 8 different times in the month of but was not given because the medication was not available from pharmacy.
* 10 mg order to be given every 6 hours as needed for . Resident #1 asked for the medication 8 times in the month of but was not given because the medication was not available from pharmacy.
* 40 mg ordered to be given once a day for decreasing . Resident #1 was not given 7 doses in the month of , due to medication not being available from pharmacy.
* 50 mcg to be given once a day for . Resident #1 was not given 8 doses in the month of due to staff not administering it or due to medication not being available from pharmacy.
* 10 mg to be given twice a day for . Resident #1 was not given 8 doses due to medication not being available from pharmacy.

Review of facilities Admission/Discharge Log indicated that Resident #1 was discharged from the facility on Administrator stated it was because she had .

Review of "Charting Notes for Resident #1" indicated resident was found unresponsive by staff on at 10:25 a.m.

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A 030	Continued From page 8 . . . . . (.) was performed by staff and 911 was called. Emergency Medical Services (. . .) arrived on the scene shortly after an attempted as well, with no success. The charting note was documented by the Administrator. On at 3:52 p.m. during an interview, the Assistant Administrator/interim Wellness Director said that there were many medication missed or not given to Resident #1 in the month of . She said that the previous Wellness Director had not been monitoring this and was the reason he was let go from the facility. The Assistant Administrator stated that the medication missed were important to the resident's health and wellbeing and her expectation would be for the Medication Tech to alert her of the missing medication as well as the pharmacy and the doctor. The Assistant Administrator confirmed that Resident #1 , ... , on . . . . . On . at 4:14 p.m. during an interview, the Administrator confirmed that Resident #1 , . . , on . . . . . The administrator stated after reviewing Resident #1's Medication Observation Record (MOR) that there was an issue with the amount of missed medication and the issues should have been addressed earlier for the wellbeing on the resident. He stated that his expectation would be that the Medication Technician should have alerted the Pharmacy and Wellness Director immediately about the issue of the medications not being available and get them reordered. The Med Tech should also let the medical provider know the medication was not given. Class III	A 030		

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A 056	Continued From page 9	A 056		
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 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	A 056		

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A 056	Continued From page 10 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 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,	A 056		

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A 056	Continued From page 11 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 medical record review and staff interview the facility failed to ensure that prescriptions are filled in a timely manner for 1 (Resident #1) of 3 resident records reviewed. The finding include: . The Residents Health Assessment dated 11/7/23 for Resident #1 stated the resident needs assistance with self-administration of medications. Review of Resident #1's "Medication Observation Record" (MOR) for the month of [redacted], revealed that 9 medication were not given to the resident as ordered by physician for a total of 64 missed doses. The comment section on the MOR documents the reason the medications were not give as "Med not available". * [redacted]-Salmeterol not given 4 doses due to the medication not being available from the pharmacy. * Trelegy [redacted] not given for 8 days with no explanation why. * [redacted] HFA not given 8 times due to medication not being available from the pharmacy. * [redacted] not given 7 doses due to medication not being available from the pharmacy.	A 056		

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A 056	Continued From page 12 * not given 8 times because the medication was not available from the pharmacy. * not given 8 times because the medication was not available from the pharmacy. * not given 7 doses due to medication not being available from the pharmacy. * not given 8 doses due to staff not administering or due to medication not being available from the pharmacy. * not given 8 doses due to medication not being available from the pharmacy. On at 3:52 p.m. during an interview, the Assistant Administrator/interim Wellness Director said that there were many medication missed or not given to Resident #1 in the month of . She said that the previous Wellness Director had not been monitoring this. The Assistant Administrator stated that the medications missed were important to the resident's health and wellbeing and her expectation would be for the Medication Tech to alert her of the missing medication as well as the pharmacy and the doctor. On at 4:14 p.m. during an interview, the administrator stated, after reviewing Resident #1's Medication Observation Record (MOR), that there was an issue with the amount of missed medication and the issues should have been addressed earlier for the wellbeing on the resident. He stated that his expectation would be that the Medication Technician should have alerted the Pharmacy and Wellness director immediately about the issue of the medications not being available and get them reordered. The Med tech should also let the medical provider also know the medication was not given.	A 056		

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