

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11965678</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>03/06/2024</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SAVANNAH VILLAGES OF LAKELAND**

**6550 N SCORUM LOOP ROAD  
LAKELAND, FL 33809**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| CZ830<br>SS=D            | <p>408.821 FS Emergency Management Planning</p> <p>408.821 Emergency management planning; emergency operations; inactive license.-</p> <p>(1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows:</p> <p>(a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan.</p> <p>(b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan.</p> <p>(c) Submit necessary plan revisions within 30 days after notification that plan revisions are required.</p> <p>(d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health.</p> <p>(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.</p> <p>(3)(a) An inactive license may be issued to a licensee subject to this section when the provider</p> | CZ830               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAVANNAH VILLAGES OF LAKELAND</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6550 N SCORUM LOOP ROAD<br/>LAKELAND, FL 33809</b>                           |  |                                                                |
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| CZ830                                                                    | <p>Continued From page 1</p> <p>is located in a geographic area in which a state of emergency was declared by the Governor if the provider:</p> <ol style="list-style-type: none"> <li>1. Suffered damage to its operation during the state of emergency.</li> <li>2. Is currently licensed.</li> <li>3. Does not have a provisional license.</li> <li>4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.</li> </ol> <p>(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.</p> <p>(4) . . . Licensees providing residential or inpatient services must utilize an online database</p> | CZ830                                                                          |                                                                                                                          |  |                                                                |

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| CZ830                                                                    | <p>Continued From page 2</p> <p>approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) within 30 days of a change of ownership (CHOW).</p> <p>Finding Included:</p> <p>A record review of the facility license conducted on _____ revealed a facility provisional license effective date of _____.</p> <p>A record review of the facility CEMP conducted on _____ revealed no CEMP was approved or had been submitted since the change of ownership.</p> <p>In an interview with the Administrator conducted on _____ at 9:20am she said they were working on the CEMP but it was not yet submitted.</p> <p>Class III</p> | CZ830                                                                          |                                                                                                                          |                          |                                                                |
| (A 000)                                                                  | <p>Initial Comments</p> <p>A revisit to a _____ change of ownership survey and complaint investigation (#2023017103) was conducted at Savannah Villages of Lakeland on _____. Deficiencies were identified at the time of the survey.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (A 000)                                                                        |                                                                                                                          |                          |                                                                |

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| {A 052}                                                                  | Continued From page 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | {A 052}                                                                        |                                                                                                                          |  |                                                                |
| {A 052}<br>SS=D                                                          | <p>429.256( . . . ); 59A-36.008(3) Medication - Assistance with Self-Admin</p> <p>429.256</p> <p>(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.</p> <p>(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, 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.</p> <p>(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 . . . .</p> <p>(d) Applying . . . medications.</p> <p>(e) Returning the medication container to proper storage.</p> <p>(f) Keeping a record of when a resident receives assistance with self-administration under this section.</p> <p>(g) Assisting with the use of a . . . , including removing the cap of a . . . . . , opening the unit</p> | {A 052}                                                                        |                                                                                                                          |  |                                                                |

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| {A 052}                  | <p>Continued From page 4</p> <p>dose of _____ solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the _____.</p> <p>(4) Assistance with self-administration of medication does not include:</p> <p>(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.</p> <p>(b) The preparation of syringes for injection or the administration of medications by any injectable route.</p> <p>(c) Administration of medications by way of a tube inserted in a _____ of the body.</p> <p>(d) Administration of _____ preparations.</p> <p>(e) The use of irrigations or debriding agents used in the treatment of a skin condition.</p> <p>(f) Assisting with _____, or _____ preparations.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> | {A 052}             |                                                                                                                          |                          |

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| {A 052}                                                                  | <p>Continued From page 5</p> <p>59A-36.008<br/>(3) ASSISTANCE WITH<br/>SELF-ADMINISTRATION.</p> <p>(a) Any unlicensed person providing assistance with self-administration of medication must be _____ 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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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:</p> <p>1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,</p> | {A 052}                                                                        |                                                                                                                          |                          |                                                                |

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| {A 052}                  | <p>Continued From page 6</p> <p>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,</p> <p>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</p> <p>4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.</p> <p>(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.</p> <p>(g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.</p> <p>(h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview, the Facility failed to verbally advise residents of the medication dosage given for two residents (Resident #1 and Resident #5) of two sampled residents that required assistance with self-administration of medication.</p> <p>Findings Included:</p> <p>During an observation of the medication pass with Staff A (unlicensed Medication Technician) for Resident #1 conducted on ..... at 10:56am, Staff A did not tell the resident the</p> | {A 052}             |                                                                                                                          |                          |

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| {A 052}                                                                  | Continued From page 7<br><br>dosage of the medications given.<br><br>During an observation of the medication pass<br>with Staff A (unlicensed Medication Technician)<br>for Resident #5 conducted on ..... at<br>11:04am, Staff A did tell the resident the dosage<br>of the medications given.<br><br>In an interview with the Resident Care<br>Coordinator conducted on ..... at 11:17am<br>she said the medication technicians should<br>inform the residents of the name and dose of the<br>medications given.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | {A 052}                                                                        |                                                                                                                          |  |                                                                |
| {A 054}<br>SS=D                                                          | 59A-36.008(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(a) For residents who use a pill organizer<br>managed in subsection (2), the facility must keep<br>either the original labeled medication container;<br>or a medication listing with the prescription<br>number, the name and address of the issuing<br>pharmacy, the health care provider's name, the<br>resident's name, the date dispensed, the name<br>and strength of the drug, and the directions for<br>use.<br>(b) The facility must maintain a daily medication<br>observation record for each resident who<br>receives assistance with self-administration of<br>medications or medication administration. A<br>medication observation record must be<br>immediately updated each time the medication is<br>offered or administered and include:<br>1. The name of the resident and any known<br>..... the resident may have;<br>2. The name of the resident's health care<br>provider and the health care provider's telephone | {A 054}                                                                        |                                                                                                                          |  |                                                                |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11965678</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>03/06/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAVANNAH VILLAGES OF LAKELAND</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6550 N SCORUM LOOP ROAD<br/>LAKELAND, FL 33809</b>                           |                          |                                                                |
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| {A 054}                                                                  | <p>Continued From page 8</p> <p>number;</p> <p>3. The name, strength, and directions for use of each medication; and,</p> <p>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.</p> <p>(c) For medications that serve as chemical .., 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.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain daily Medication Observation Records (MORs) that were updated with the times scheduled medication were offered, if more than an hour after they were ordered, for two residents (Resident #1 and Resident #5) of two sampled residents.</p> <p>Findings Included:</p> <p>In an observation of medication pass by Staff A conducted on ..... medications ordered for 8:00am were given to Resident #1 at 10:56am and to Resident #5 at 11:04am.</p> <p>In a record review of the MORs for Resident #1 and Resident #5 conducted on ..... the 8:00am medications were marked as given with no exceptions noted.</p> <p>In an interview with Staff A conducted on ..... at 11:00am she said the MOR did not require a note or exception to be entered when medications were given late.</p> | {A 054}                                                                        |                                                                                                                          |                          |                                                                |

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SAVANNAH VILLAGES OF LAKE LAND**

**6550 N SCORUM LOOP ROAD  
LAKE LAND, FL 33809**

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| {A 054}                  | Continued From page 9<br><br>In an interview with the Resident Care Coordinator conducted on _____ at 11:17am she said the pharmacy would need to set up the MOR system to require an exception to be entered when medications were given late.<br><br>Photo Evidence Obtained.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | {A 054}             |                                                                                                                          |                          |
| {A 055}<br>SS=D          | 59A-36.008(6) FAC Medication - Storage and Disposal<br><br>(6) MEDICATION STORAGE AND DISPOSAL.<br>(a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents.<br>(b) Both prescription and over-the-counter medications for residents must be centrally stored if:<br>1. The facility administers the medication;<br>2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request;<br>3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;<br>4. The resident fails to maintain the medication in | {A 055}             |                                                                                                                          |                          |

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| {A 055}                  | Continued From page 10<br><br>a safe manner as described in this paragraph;<br>5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or<br>6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.<br>(c) Centrally stored medications must be:<br>1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;<br>2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;<br>3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,<br>4. Kept separately from the medications of other residents and properly closed or sealed.<br>(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if | {A 055}             |                                                                                                                          |                          |

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| {A 055}                                                                  | <p>Continued From page 11</p> <p>prescribed by the resident's health care provider.<br/>(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).<br/>(f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.<br/>(g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation, interview and record review the Facility failed to ensure prescribed medications were properly stored for one (Resident #2) of three sampled residents that required assistance with self-administration of medication.</p> <p>Findings Included:</p> <p>In an observation conducted on ..... at 10:42am there were three bottles of ..... and a prescription pill pack that contained 9 pills in Resident #2's room.</p> <p>In an interview with Resident #2 conducted on .....</p> | {A 055}                                                                        |                                                                                                                          |                          |                                                                |

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| {A 055}                                                                  | Continued From page 12<br><br>..... at 10:45am she said the facility gave her some of her daily medications from the medication cart but allowed her to have some of the medications in her room.<br><br>A record review conducted on ..... of Resident #2s Agency for Healthcare Administration (AHCA) 1823 resident assessment dated ..... showed she required assistance with self-administration of medications.<br><br>In an interview with the Resident Care Coordinator conducted on ..... at 11:44am she said medications should not be in the resident's room if they required assistance with self-administration, and they would be removed.<br><br>Photo Evidence Obtained.<br><br>Class III | {A 055}                                                                        |                                                                                                                          |                          |                                                                |
| {A 084}<br>SS=D                                                          | 59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt<br><br>59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria:<br>(a) Training must cover state law and rule requirements with respect to the supervision,                                                                            | {A 084}                                                                        |                                                                                                                          |                          |                                                                |

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| {A 084}                                                                  | Continued From page 13<br><br>assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for _____ control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.<br>(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:<br>1. Read and understand a prescription label;<br>2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:<br>a. Assist with oral dosage forms, _____ dosage forms, and _____ and _____ dosage forms;<br>b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;<br>c. Recognize the need to obtain clarification of an "as needed" prescription order;<br>d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration | {A 084}                                                                        |                                                                                                                          |                          |                                                                |

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| {A 084}                                                                  | Continued From page 14<br><br>of such orders;<br>e. Complete a medication observation record;<br>f. Retrieve and store medication;<br>g. Recognize the general signs of adverse<br>reactions to medications and report such<br>reactions;<br>h. Assist residents with _____ syringes that are<br>prefilled with the proper dosage by a pharmacist<br>and _____ that are prefilled by the<br>manufacturer by taking the medication, in its<br>previously dispensed, properly labeled container,<br>from where it is stored, and bringing it to the<br>resident for self-injection;<br>i. Assist with _____;<br>j. Use a _____ to perform _____<br>testing;<br>k. Assist residents with _____<br>and continuous positive airway pressure (CPAP)<br>devices, excluding the titration of the _____<br>levels;<br>l. Apply and remove _____ stockings and<br>hosiery;<br>m. Placement and removal of _____ bags,<br>excluding the removal of the _____ or<br>manipulation of the _____ site; and,<br>n. Measurement of _____ rate,<br>temperature, and _____ rate.<br>(c) Unlicensed persons, as defined in section<br>429.256(1)(b), F.S., who provide assistance with<br>self-administered medications and have<br>successfully completed the initial 6 hour training,<br>must obtain, annually, a minimum of 2 hours of<br>continuing education training on providing<br>assistance with self-administered medications<br>and safe medication practices in an assisted<br>living facility. The 2 hours of continuing education<br>training may be provided online.<br>(d) Trained unlicensed staff who, prior to the<br>effective date of this rule, assist with the | {A 084}                                                                        |                                                                                                                          |                          |                                                                |

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| {A 084}                  | <p>Continued From page 15</p> <p>self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.</p> <p>429.52<br/>(6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to ensure staff had completed the initial 6-hour training in Assistance with Self-Administration of Medication prior to assisting with self-administration of medication for one (Staff A ) of one sampled employee.</p> <p>Findings Included:</p> <p>In an interview with Staff A conducted on ..... at 10:35am she said she did not have the two-hour update for assistance with self-administration and had only an initial training certificate from a "few years ago."</p> <p>In an observation of medication pass conducted on ..... from 10:56am to 11:04am Staff A passed medications.</p> | {A 084}             |                                                                                                                          |                          |

Agency for Health Care Administration

|                                                     |                                                                                |                                                                        |                                                               |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11965678</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br><b>03/06/2024</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SAVANNAH VILLAGES OF LAKE LAND**

**6550 N SCORUM LOOP ROAD  
LAKE LAND, FL 33809**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| {A 084}                  | <p>Continued From page 16</p> <p>A record review for Staff A (unlicensed Medication Technician with date of hire of ..... ) conducted on ..... revealed no proof of completion of the initial 6-hour training in assistance with self-administration of medication.</p> <p>In an interview with the Resident Care Coordinator conducted on ..... at 11:37am she said Staff A would be removed from the medication cart and would take the 6 hour medication training on Friday,</p> <p>Class III</p> | {A 084}             |                                                                                                                          |                          |