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
	AL11942716	A. BUILDING: _____ B. WING _____	03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF WINTER PARK	558 N. SEMORAN BLVD. WINTER PARK, FL 32792

(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 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.	A 081		

AHCA Form 3020-0001

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

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A 081	Continued From page 1 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents	A 081		

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A 081	Continued From page 2 must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , ... The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an	A 081		

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A 081	Continued From page 3 understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interview, the facility failed to have documented evidence to indicate 1 of 6 sampled staff received . . . . . control training and a 2-hour preservice orientation prior to providing care and training on the facility's emergency procedures and evacuation training within 30 days of hire (E). Findings: A review of medication technician (med tech) E's personnel record revealed a hire date of . A review of the med tech's control, preservice orientation and emergency preparedness and evacuation training certificates revealed they were dated and signed on . . . . . , the date of the survey. On at 1:55 pm, the administrator said she called the employee in earlier that day to sign the training certificates. On at 2:05 pm, med tech E confirmed she did come to the facility that day to only sign papers. She said she did not receive any training on that day. On at 3:10 pm, the administrator said the reason the training certificates were dated	A 081		

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A 081	Continued From page 4 [redacted] was because the employee forgot to click the button to create the certificate when she first completed the training online. Class III	A 081		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [redacted]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018,	A 160		

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A 160	Continued From page 5 F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years.	A 160		

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A 160	Continued From page 6 (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on facility's documentation and interview, the facility failed to ensure a new Department of Health (DOH) inspection report and a new Fire safety inspection report was conducted before the Change of Ownership (CHOW) survey as required. Findings: A review of the Department of Health (DOH)	A 160		

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A 160	Continued From page 7 group inspection report dated . . . . . (last year) did not reflect the new change of ownership (CHOW) effective . . . . . . There was no other documented evidence provided. A review of the last fire inspection report dated . . . . . (last year) did not reflect the new change of ownership (CHOW) effective . (Photographic Evidence Obtained) On at 4:05 PM, an interview with the Administrator confirmed the findings. Class III	A 160		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the	A 161		

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A 161	Continued From page 8 following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity [redacted] to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interviews, the facility failed to ensure 1 of 6 sampled staff was given a job description upon hire (E). Findings:	A 161		

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A 161	Continued From page 9 A review of medication technician (med tech) E's personnel record revealed a hire date of . . . . . . The record did not contain a job description. On at 1:20 pm, the finding was discussed with the administrator. On . . . . . at 1:55 pm, the administrator provided a job description that was signed by the employee on . . . . . , the day of the survey. The administrator said she called the employee in earlier that day to sign the job description. On . . . . . at 2:05 pm, med tech E confirmed she did come to the facility that day to only sign papers. Class III	A 161		
AN277 SS=D	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file.	AN277		

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AN277	Continued From page 10 (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or . . . . . nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on review of the facility's license and interviews, the facility failed to employ or contract with a nurse who would be available to conduct nursing assessments at least monthly and as needed for residents who need a limited nursing service (LNS). Findings: A review of the facility's license revealed the facility was licensed to provide LNS. On at 10 am, the administrator was asked for the name of the Registered Nurse (RN) employed or with the facility for the LNS license. The administrator replied that there was no RN but if a resident receives LNS the facility will contract with a nurse from the adjoining nursing home. The regulatory requirement was discussed with the administrator, who then said the nursing home's director of nursing (DON) was the RN.	AN277		

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AN277	Continued From page 11 On . . . . . at 11 am, a request was made to speak with the nursing home DON. The administrator replied that she would go get the nurse and bring her over. On at 11:12 am, the administrator returned then said, "my mistake, the previous owners used (the nursing home DON) as its RN". The administrator then said the facility's consultant was sending the information over for the consultant who is the RN. The administrator said it's through corporate. When asked for the name of the RN the administrator replied, "I don't know". On at 3:45 pm, the administrator said she learned the person who can tell her who the RN is was not in their office today to get the nurse's name and personnel documents. Class III	AN277		
A 000	Initial Comments A Change of Ownership (CHOW) survey and generator monitoring was conducted at Westchester of Winter Park Assisted Living Facility with Limited Nursing Services (LNS) on & . The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or . . . . . or has a change of condition in order to rule out the presence of an underlying	A 025		

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A 025	Continued From page 12 physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.	A 025		

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A 025	Continued From page 13 (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to notify a health care provider when 1 of 6 sampled resident's [redacted] (B/P) was elevated (#11). Findings: A review of resident #11's record revealed a facility admission date of [redacted]. The resident's medical history included [redacted] and [redacted]. The resident needed assistance with self-administration of medications. On [redacted] a health care provider ordered [redacted] 0.3 milligram (mg) tablet, give 1 tablet by [redacted] four times daily for [redacted]. On [redacted] at 11:05 am, medication technician (med tech) A used an electronic B/P machine on the resident's left upper arm to check the resident's B/P and [redacted]. The result was [redacted] B/P and [redacted]. The med tech gave the resident's scheduled [redacted]. On [redacted] at 12:20 pm, med tech A used an electronic B/P machine on the resident's left upper arm. The result was [redacted].	A 025		

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	AL11942716	A. BUILDING: _____ B. WING _____	03/07/2024

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A 025	Continued From page 14 On at 12:22 pm, med tech A used the same machine and same arm to re-check it. The result was . On at 4:58 pm, med tech E used an electronic machine on the resident's left upper arm. The result was . Within a few minutes the same med tech re-checked it on the resident's left arm and the result was . The director of nursing (DON) said med tech A did not inform her of the resident's B/P results from that morning then said the med tech should have. The DON said the resident's health care provider was not notified of the results because the DON did not know about them. On at 5:03 pm, the DON said the resident's B/P was elevated because the resident refused her . When asked why she refused the medication, the resident replied, "because I can't take it". The DON said she would call the resident's health care provider. On ..... at 5:05 pm, the DON performed a manual B/P check on the resident's right arm then said the result was .... On ..... at 8:15 am, the resident's health care provider was present in the facility and said the resident's elevated B/P had been ongoing and during a recent hospital visit was prescribed. The health care provider said the resident refused and other medications and that the facility had previously made her aware of this. The health care provider said she did not know if the facility contacted her when the resident's B/P was elevated on the previous morning. The health care provider said the DON did contact her on the previous afternoon. The	A 025		

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A 025	Continued From page 15 health care provider then checked her phone and said the DON called her on the previous day at 10:35 am but the provider missed the call. The provider said the DON immediately called her . . . . and she and the provider spoke. The provider then said she spoke with the DON on the previous day at 5:02 pm and again at 5:24 pm to discuss the resident's B/P. When advised the resident's B/P was first elevated at 11:05 am, which was after the DON's 10:35 am call, the provider said the facility staff may have notified someone in the provider's office and she would check. On . . . . . at 8:50 am, med tech A said she did tell the DON when the resident's B/P was elevated on the previous morning. When asked what time she told the DON, the med tech said after the 12:22 pm result. On . . . . . at 9:25 am, the DON again said med tech A did not inform her of the resident's B/P results on the previous day. On . . . . . at 1:55 pm, the health care provider said no one from the facility informed anyone at her office of the resident's B/P readings. On . . . . . at 2:35 pm, a review of the resident's documented vital signs revealed the resident's B/P results from . . . . . were not documented. Class III	A 025		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep	A 054		

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A 054	Continued From page 16 either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , 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. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the medication observation record (MOR) was free of omissions for 2 of 6 sampled residents who received assistance with self-administration of medications (#9 & #11). Findings:	A 054		

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A 054	Continued From page 17 1. A review of resident #11's [redacted] 1823 revealed the resident required assistance with self-administration of medications. A review of the resident's [redacted] and [redacted] MORs revealed omissions, medications not signed as given. There was no documentation on either the MORs or facility notes to explain the omissions. On [redacted] at 10:07 am, the findings were discussed with the DON, who said she would investigate it. On [redacted] at 11 am, the administrator said the omissions on the MORs were due to the computers being offline. She said in those cases medications were documented as given on paper MORs. A request was made to review those. On [redacted] at 11:30 am, the administrator provided paper MORs for only [redacted]. A comparison of the electronic and paper MORs revealed omissions still existed. On [redacted] at 3:45 pm, the administrator said the only paper MORs she could provide were the [redacted] ones. 2. A review of resident #9's [redacted] health assessment form (1823) revealed that resident required assistance with self- administration of medications. A review of the resident's [redacted] MOR revealed resident # 9's MOR had omissions. There were omissions on the [redacted] and [redacted] MORs as follows, [redacted]	A 054		

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A 054	Continued From page 18 and on . . . . . . There was no documentation on either the MOR or the facility notes to explain the omissions. Photographic evidence obtained. Class III	A 054		
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;	A 056		

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A 056	Continued From page 19	A 056		

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 kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed,

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A 056	Continued From page 20 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 record reviews and interviews, the facility failed to ensure medications were refilled in a timely manner to ensure doses were not missed for 1 of 6 sampled residents who required assistance with self-administration of medications (#6). Findings: On at 10:18am during an interview, Resident #6 stated he runs out of his meds at the end of the month. Resident #6 stated his has run out every month since of last year. Resident #6 stated he ran out last Friday and just received a pill today. Resident #6 stated he has notified the nurse and the Administrator. Review of Resident #6 records on at 3:17pm revealed a facility admission date of	A 056		

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A 056	Continued From page 21	A 056		

[redacted] A Health Assessment Form (1823) indicates a medical history of [redacted] PMHx = mixed [redacted] history of [redacted] and needs assistance with self-administration.

A review of Resident #6 Progress Notes on [redacted] at 11:48 stated, [redacted] /Acet 10-325 mg tablet, give 1 tablet orally every 6 hours related to Dorsalgia (M54) awaiting pharmacy.

A review of Resident #6 Progress Notes on [redacted] at 23:01 stated, [redacted] /Acet 10-325 mg tablet, give 1 tablet orally every 6 hours related to Dorsalgia (M54) duplicate order.

A review of Resident #6 Progress Notes on [redacted] at 13:39 stated, [redacted] /Acet 10-325 mg tablet, give 1 tablet orally every 6 hours related to Dorsalgia (M54) awaiting pharmacy.

A review of Resident #6 Progress Notes on [redacted] at 17:37 stated, [redacted] / [redacted] Oral Tablet 10-325 mg tablet, give 1 tablet orally every 6 hours for [redacted] supervised self-administration. unavailable yet.

A review of Resident #6 Progress Notes on [redacted] at 10:30 stated, outreached clinician on call for new script for [redacted] 10-325. Currently awaiting a response.

A review of Resident #6 Progress Notes on [redacted] at 23:59 stated, [redacted] Oral Tablet

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A 056	Continued From page 22 10-325mg. Give 1 tablet by every 6 hours for supervised self-administration out of stock. A review of Resident #6 Progress Notes on at 18:06 stated, Oral Tablet 10-325mg. Give 1 tablet by every 6 hours for supervised self-administration Unavailable yet from the pharmacy. A review of Resident #6 Progress Notes on at 13:33 stated, unavailable, wasn't administered. It was an error. On at 9:10am An interview was conducted with Resident #6 to determine the correct medication stated on he was not receiving. Resident #6 stated he takes not and was taking it prior to moving into the facility. On at 9:38am The Director of Nursing (DON) was asked to provide resident #6 script for the since . On at 10:05am The DON provided documentation from their new pharmacy and stated these were the orders received. The DON was informed the actual script was needed for review. She stated she will contact the pharmacy to request the information and it may take a while to obtain. On at 12:00pm The DON stated I reached out to the pharmacy to obtain the script and will check the fax for the copies. On at 12:36pm Review of Resident #6's chart revealed there were missing	A 056		

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A 056	Continued From page 23 logs for his . , ... and the last update was on . The medication cart revealed . . . . . logs and 4 . . . packs of , . on the cart. On at 1:10pm The DON stated if the . . . . , . . . logs were not on the medication cart it would be in the medical storage room. A review of Resident #6 Progress Notes revealed on . . . . . at 14:04 stated, transfer to Hospital - resident requested to be transferred to the hospital due to . . . . , . . A review of Resident # Progress Notes revealed on . at 17:24 stated, out on leave. A review of Resident # Progress Notes revealed on . . . . . at 8:56 stated, Hospital. A review of Resident # Progress Notes revealed on at 17:32 stated, Hospital. On at 2:30pm Review of Resident #6's Medication Observation Record (MORs) indicated , , , , , . . . , and . . . . . was administered. On . . . . . at 2:30pm The DON stated I will have to track down the missing , log to see who administered for those days. Yes, the resident was in the hospital on and returned on . . . . . The pharmacy delivers on the 29th of each month and does not deliver on the weekends. Yes, I'm aware of the issue of resident #6 running out as his orders and only allow for a quantity of 30 pills each month. I've spoken with his nurse practitioner on in getting a new script for possible increase and she stated it's not up to her. It is based on the insurance company	A 056		

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A 056	Continued From page 24 which is why he now has the 4 . . . . packs. Yes, it's only a 30-day supply but working to get it increased to a 120-day quantity. On . . . . . at 3:35pm The DON stated I've spoken with the staff who documented the MORs. The DON stated the staff does not recall if she gave the meds or not. I take accountability that I did not document my conversations with the nurse practitioner to get resident #6 medication quantity increased. The refills should be made 10 days prior to running out. No other attempts were made prior to . . . . . Yes, resident #6 missed 5 days of his , and we did not follow our medication refill policy. The facility's dated . . . . . Policy and Procedures for Medication - Labeling and Orders stated, the facility will obtain a written/signed medication order from the health care provider within 10 working days. The facility will 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. Class III	A 056		