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
	AL11965093	A. BUILDING: _____ B. WING _____	04/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATSWORTH AT PGA NATIONAL	347 HIATT DRIVE PALM BEACH GARDENS, FL 33418

(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 Relicensure with Extended Congregate Care (ECC) and a Generator Monitoring survey were conducted on at Chatsworth At PGA National. The facility had deficiencies related to the Relicensure with ECC survey at the time of the visit.	A 000		
A 055	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (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. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 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; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 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	A 055		

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A 055	Continued From page 1 other residents, or 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. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 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; 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, 4. Kept separately from the medications of other residents and properly closed or sealed. (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 prescribed by the resident's health care provider. (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	A 055		

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A 055	Continued From page 2 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). (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. (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. This Statute or Rule is not met as evidenced by: Based on observations, interviews, and records review, it was determined that the facility failed to have 1 of 1 sampled resident (Resident #2), who administers her medications to herself, secure the medications in a safe and locked place, out of sight, when the resident is not in her room. The facility also failed to follow their policy of ensuring that Residents secure medications in locked cabinet. The findings included: On at 11:13 AM during the tour of the facility, it was noted that Resident #2 was not in her room. There were medications observed on the desk located on the Northeast corner of Resident #2's private bedroom (picture taken). Review of the facility's policy titled "Self-administration of Medications and Treatments" #8 documented:	A 055		

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A 055	Continued From page 3 Medications and treatments are delivered to the guest/resident suite where the guest/resident promptly places medications in designated cabinet and locks cabinet. During observation of Employee A assisting Residents with self-administration of medications, on at 11:58 AM, Employee A mentioned that all the residents' medications were kept in their rooms in wall-mounted cabinets which are always locked. The cabinets were observed on the walls of each resident's room. However, the medications for Resident #2 were not placed in the cabinet mounted in her room's wall as they should have been. During an interview with Resident #2 on at 12:01 PM, she confirmed that she took her own medications. She opened the drawer of her desk while seated in her wheelchair, and she showed where she kept her medications. It was noted that the drawer was not locked, and no key was required to access the medications. Review of the medications showed that Resident #2 had the following medications ordered: 5 mg-325 mg ; Sildenafil 25 mg tablet; 25 mg tablet; 20 mg tablet; Nebivolol, 10 mg tablet; D3 123 mcg tablet; 400 mg tablet; 10 mg tablet; 300 mg capsule (x2); 12.5 mg. On at 11:52 AM, the facility's Director informed that Resident #2 self-administered her medications. The Director stated that Resident # 2 was the only one in the facility allowed to self-administer her medications since she is alert, oriented to people, time, and place and had no . The Director said that they will acquire a locked box to ensure that Resident	A 055		

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A	Continued From page 4 #2's medications are kept secured and locked. CLASS III	A 055		
AE210	59A-36.011(8) FAC ECC - Training (8) EXTENDED CONGREGATE CARE (ECC) TRAINING. (a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , , shall not be required to take the assisted living facility core training competency test. (b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, , or social needs of frail elderly and persons, or persons with 's or related . (c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility.	AE210		

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AE210	Continued From page 5 This Statute or Rule is not met as evidenced by: Based on records review and interview, it was determined that 1 of 3 sampled employees (the Director) did not complete the required 4-hours of continuing education in Extended Congregate Care (ECC), every two years. The findings included: Records review of the facility's Director on . . . . . revealed that she was hired on . .The Director completed the initial 4-hours training in ECC, on . . . . . (2-hours) and on .(2-hours). The Director did not provide any evidence that she completed the 4-hours of continuing training in ECC training. On at 4:34 PM, the Director said that she was not aware that the continuing training in ECC was required every two years. She stated that she would immediately register for the training and complete the hours required. On . . . . . at 9:41 AM, the Director emailed verification of 2-hours of completed ECC training. Class III	AE210		