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
	AL11969719	A. BUILDING: _____ B. WING _____	C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLORIDA ACCESS CARE INC	4803 4805 DR SEBRING, FL 33872

(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 A biennial survey with a limited mental health survey in conjunction generator monitoring visit was conducted at Florida Access Care INC on . . . . Deficiencies were found at the time of the survey.	A 000		
A 051 SS=D	59A-36.008(2) FAC Medication - Pill Organizers (2) PILL ORGANIZERS. (a) Only a resident who self-administers medications may maintain a pill organizer. (b) Unlicensed staff may not provide assistance with the contents of pill organizers. (c) A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse must manage the pill organizer in the following manner: 1. Obtain the labeled medication container from the storage area or the resident, 2. Transfer the medication from the original container into a pill organizer, labeled with the resident's name, according to the day and time increments as prescribed, 3. Return the medication container to the storage area or resident; and, 4. Document the date and time the pill organizer was filled in the resident's record. (d) If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it must be noted in the resident's record and the facility must consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are offered by the facility. The facility must contact the resident's health care provider regarding questions, concerns, or observations relating to	A 051		

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A 051	Continued From page 1 the resident's medications. Such communication must be documented in the resident's record. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that a nurse maintained or managed pill organizers used only by residents that self-administer medications for five (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) of the five sampled residents. Findings Included: An observation of the facility medication cart, conducted on at 915AM revealed that there were 5 pre-filled pill organizers on top of the cart. A record review of Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5's health assessments, conducted on , revealed that all 5 residents required assistance with self-administration of medication and were not able to self-administer their medications. During an interview with the Administrator, conducted on at 10:05AM, the Administrator confirmed that she was not a nurse and that she filled the pill boxes weekly. Class III	A 051		