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
	AL11965638	A. BUILDING: _____ B. WING _____	R-C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNS HOUSE-GULF HAVEN	6343 ROWAN ROAD NEW PORT RICHEY, FL 34653

(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 re-visit survey to a complaint (2024002184) in was conducted at Anns House-Gulf Haven Gulf Haven Inc. on . Deficiencies were identified at the time of the survey.	{A 000}		
{A 052} SS=G	429.256(.); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (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. (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. (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 . (d) Applying , medications. (e) Returning the medication container to proper storage.	{A 052}		

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{A 052}	Continued From page 1 (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (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. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (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. (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.	{A 052}		

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{A 052}	Continued From page 2 (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. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] 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. (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. (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. (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. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to	{A 052}		

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{A 052}	Continued From page 3 enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 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, 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 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (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. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that unlicensed Medication Technicians were properly assisting residents with their medication by popping medication from pill packs in front of residents and reading medication names and doses from medication labels to one Residents (#1) of one sampled resident. Furthermore, the	{A 052}		

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{A 052}	Continued From page 4 failure to follow proper assistance with self-administration of meds placed all residents at risk for harm and injury from medication errors. Findings Included: During a med pass observation with Staff A for Resident #1, conducted on at 09:43am, Staff A did not pop Resident #1's medications from the pill packs in front of the resident. Staff A popped the medications from the pill packs into a plastic medication cup at the medication cart as follows: 40mg, 1mg, 2mg, 10mg, 5mg, 40mg, 5mg, 800mg, 500mg, 50mg, and 1mg. Staff A documented each medication as given on Resident #1's medication observation records after popping each medication from their pill packs into the plastic medication cup. Staff A did not do this for the 50mg medication. Staff A was unable to locate the medication on Resident #1's medication observation records. After popping the medication into the plastic medication cup, Staff A grabbed a pill pack labeled 1mg and started to pop this medication into the plastic medication cup. The Surveyor stopped Staff A and showed the unlicensed Medication Technician that the medication had already been popped into the plastic medication cup. Staff A reviewed both pill pack medication labels for the both the pill packs and placed the pill packs into the medication cart. There were two medication pill packs in the medication cart for the 1mg medication. Staff A placed all the medication pill packs into the medication cart and began to	{A 052}		

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{A 052}	Continued From page 5 walk away with the plastic medication cup to give Resident #1 the medications. The Surveyor stopped Staff A prior to giving Resident #1 the medications that included the 50mg medication which was not scheduled to give to Resident #1. Staff A removed the medication at the Surveyor's request. Staff A proceeded to give Resident #1 the medications and did not read the medication names and doses from the medication labels to Resident #1. During an interview with Staff A, conducted on at 09:47am, Staff A stated that the was not on Resident #1's medication observation records. Staff A continued popping other medications from the pill packs without removing the pill from the plastic medication cup. A medication observation records review for Resident #1, conducted on , revealed that Resident #1's medication observation records did not list as a medication that was due at 10:00am with the other medications that Staff A prepared for Resident #1 which included 40mg, , , 1mg, , 2mg, , , 10mg, , 5mg, , 40mg, , 5mg, , 800mg, and , 500mg. The 50mg had been discontinued from the medication observation records on after the 10:00am dose had been given. A record review for Resident #1, conducted on , revealed that Resident #1's prescribed 50mg had been discontinued on . According to Resident #1's health assessment from dated , Resident #1 required assistance with	{A 052}		

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{A 052}	Continued From page 6 self-administration of medications. During an interview with the Administrator, conducted on at 10:12am, the Administrator stated that Resident #1's prescribed medication had been discontinued. At 11:48am, the Administrator agreed that Staff A, an unlicensed Medication Technician was supposed to compare medication labels to residents' medication observation records. The Administrator agreed that Staff was not supposed to give a medication that was not listed on the medication observation records to give. The Administrator agreed that Staff A was supposed to pop medications from pill packs in front of residents and read the name and dose of each medication from each pill pack to the residents when assisting the residents with self-administration of medications. Class II	{A 052}		
{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 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	{A 054}		

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{A 054}	Continued From page 7 immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] 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 [illegible], 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 review and interview, the facility failed to ensure the medication observation records (MORs) noted primary care provider's name and telephone number, and that medication doses and directions of use were noted. Furthermore, the facility failed to immediately update MORs each time medications were offered or given to three (Residents #1, #2, and #3) of three sampled residents. Findings Included: A MORs review for Resident #1, conducted on [illegible], revealed that Resident #1's MORs had prescribed medications that were not documented as given to Resident #1 which included [illegible], 10mg, [illegible], 1mg, [illegible] 500mg, [illegible] 5mg, [illegible], 5mg, [illegible] 800mg, [illegible] 2mg, and Trelegy [illegible] 100-62.5mcg Inhaler on [illegible] at 10:00am; [illegible] 40mg,	{A 054}		

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{A 054}	Continued From page 8	{A 054}		

50mg, and 10mg on and at 05:00pm; and 40mg on at 05:00pm and at 10:00am. Resident #1's prescribed had no dose noted on the MORs.

A MORs review for Resident #2, conducted on , revealed that Resident #2's MORs had prescribed medications that were not documented as given to Resident #2 which included , 0.5mg, DOK ( ) 100mg, , 25mg, , 10mg, , 20mg, and 100mg on at 08:00pm; 40mg on and at 05:00pm; and 150mg on and at 12:00pm. Resident #2's primary care provider's name and telephone number was not noted on the resident's MORs.

A MORs review for Resident #3, conducted on , revealed that Resident #3's MORs had prescribed medications that were not documented as given to Resident #3 which included , , , 125mg, , 25mg, , 200mg, and 1mg on and at 10:00am and on , , and at 05:00pm. Resident #3's prescribed , was misspelled (,) and there was no dose noted on the MORs. Resident #3's prescribed had no dose and directions of use noted on the MORs. Resident #3's prescribed was incorrectly noted as 1mg/ml (1 tablet) on the MORs. The was in tablet form and not liquid form. Resident #3's prescribed had no dose noted on the MORs.

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{A 054}	Continued From page 9 During an interview with the Administrator, conducted on at 11:48am, the Administrator agreed that Residents #1, #2, and #3's MORs had prescribed medications that were not documented as given to the resident. The Administrator agreed that there was no dose noted for Resident #1's prescribed on the resident's MORs. The Administrator agreed that Resident #2's primary care provider's name and telephone number were not noted on the resident's MORs. The Administrator agreed that Resident #3's prescribed was misspelled on the resident's MORs and had no dose for the medication noted. The Administrator agreed that Resident #3's had no dose and directions of use noted on the resident's MORs. The Administrator agreed that agreed that Resident #3's prescribed was incorrectly noted as 1mg/ml (1 tablet) on the resident's MORs. The Administrator agreed that Resident #3's prescribed had no dose noted on the resident's MORs. At 12:10pm, the Administrator stated that medications were added to resident's MORs by herself. The Administrator stated that Staff B (an unlicensed Medication Technician had been trained to add medications to resident's electronic MORs. (see photographic evidence) Class III	{A 054}		
A 055 SS=D	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,	A 055		

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A 055	Continued From page 10	A 055		

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 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

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A 055	Continued From page 11 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 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	A 055		

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A 055	Continued From page 12 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 observation and interview, the facility failed to ensure that discontinued medications were stored separately from medications in current use for one Resident (#1) of one sampled resident. Findings Included: During an observation of the medication pass with Staff A for Resident #1, conducted on at 09:43am, it was observed that Staff A popped a pill from a pill pack labeled 50mg into a plastic medication cup with Resident #1's other 10:00am medications which included 40mg, , , 1mg, , 2mg, , , 10mg, , 5mg, , 40mg, , 5mg, , 800mg, and , , 125mg. The 50mg medication was stored with Resident #1's medications that were in current use. There was no label or other indication that the 50mg medication had been discontinued. A review of Resident #1's medication observation records, conducted on , revealed that Resident #1's prescribed 50mg had been discontinued on after the 10:00am dose had been given (photographic evidence obtained). A record review for Resident #1, conducted on , revealed that Resident #1 had a physician order dated that noted to discontinue 50mg. According to	A 055		

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A 055	Continued From page 13 Resident #1's health assessment form dated , the resident required assistance with self-administration of medication. During an interview with Staff A, conducted on at 09:43am, Staff A agreed that Resident #1's 50mg was not listed on the medication observation records to give to the resident. During an interview with the Administrator conducted on at 10:12am, the Administrator stated that Resident #1's 50mg had been discontinued. At 11:48am, the Administrator agreed that discontinued medications were to be stored separately from medications in current use. Class III	A 055		
{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	{A 056}		

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{A 056}	Continued From page 14 individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must 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	{A 056}		

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{A 056}	Continued From page 15 receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 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 review and interview, the facility failed to notify primary care providers when resident did not receive their medications as prescribed and prior to scheduling medication doses within two hours for two Residents (#2 and #3) of two sampled residents. Findings Included: A MORs review for Resident #2, conducted on	{A 056}		

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{A 056}	Continued From page 16 , revealed that Resident #2's prescribed medication , , 150mg take one tablet in the morning and at noon was documented as not given to the resident on at 12:00pm. Resident #2's MORs had an exception documentation that noted that the medication was not given to Resident #2 because the resident was "out of facility". The , , was scheduled to be given at 10:00am and 12:00pm which was two hours between doses. There was no evidence that Resident #2's primary care provider was notified that the resident did not receive the as prescribed. There was no evidence that Resident #2's primary care provider was aware that Resident #2's , , was being given two hours between doses. A record review for Resident #2, conducted on , revealed that there was no order in Resident #2 for the resident's prescribed , , to be given two hours between doses. There was no evidence that Resident #2's primary care provider was aware that Resident #2's was being given two hours between doses. A review of an article entitled Medication Fact Sheet , , dated the year 2022 found at https://www.nami.org/NAMI/media/NAMI-Media/Research/ .pdf, conducted on , revealed that the article noted to not stop taking or change your dose without talking with your health care provider first. The article noted that IR was usually taken two or three times per day with a four-to-six-hour interval between doses. The article noted that , , should be taken at evenly spaced times at least four hours apart and not to take two doses at once.	{A 056}		

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{A 056}	Continued From page 17 A MORs review for Resident #3, conducted on , revealed that Resident #3's prescribed (no dose noted) was documented as not given to Resident #3 on at 10:00am. Resident #3's MORs had an exception documentation that noted that the medication was not given to Resident #3 because the facility was "waiting for refills". There was no evidence that Resident #2's primary care provider was notified that the resident did not receive the as prescribed. During an interview with the Administrator, conducted on at 11:46am, the Administrator stated that there was no notification to Resident #2's primary care provider when the resident did not receive the medication as prescribed. The Administrator was unable to provide evidence that Resident #2's primary care provider was aware that Resident #2's doses were scheduled two hours apart. The Administrator stated that there was no notification to Resident #3's primary care provider when the resident did not receive the medication as prescribed. (see photographic evidence) Class III	{A 056}		
A 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations,	A 058		

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A 058	Continued From page 18 including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III	A 058		

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A 058	Continued From page 19 deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to ensure documented Class III deficiencies regarding medicinal drugs were corrected as required (Cross Reference: A0052, A0054, and A0056). Findings Included: Due to the uncorrected Class III deficiencies cited on and medication deficiencies concerning the facility's medication practices, the facility shall be required to employ the consultation services of a licensed pharmacist consultant or a registered nurse consultant. The consultant shall at a minimum, provide onsite quarterly consultation until the inspection team from the Agency determines that such consultation services are no longer required.	A 058		

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A 058	Continued From page 20 This written statement serves as notification of the above stated requirement. Class III	A 058		
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	A 081		

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A 081	Continued From page 21 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. 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 control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its	A 081		

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A 081	Continued From page 22 . . . . . control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne . . . . . , may be used to meet this requirement. (b) Staff who provide direct care to residents 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	A 081		

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A 081	Continued From page 23 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 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 record review and interview, the facility failed to provide direct care staff with training regarding a two-hour pre-service orientation prior to interacting with residents and a three-hour training regarding activities of daily living and behavioral needs within thirty days of hire for one employee (Staff A) of one sampled employee. Findings Included: An employee record review for Staff A, conducted on [redacted], revealed that Staff A's employee record did not contain evidence that the employee obtained trainings regarding a two-hour pre-service orientation prior to interacting with residents and a three-hour training regarding activities of daily living and behavioral needs within thirty days of hire. Staff A's date of hire was not noted in the employee's record. A review of the facility's background screening employee roster, conducted on [redacted], revealed that Staff A was hired on	A 081		

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A 081	Continued From page 24 (photographic evidence obtained). During an interview with the Administrator, conducted on at 11:34am, the Administrator agreed that Staff A's employee record did not contain evidence that the employee obtained trainings regarding a two-hour pre-service orientation prior to interacting with residents and a three-hour training regarding activities of daily living and behavioral needs within thirty days of hire. Class III	A 081		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 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 fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, 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	A 084		

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A 084	Continued From page 25 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. (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: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and . , ... , ... and . . . . . dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; 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 of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist	A 084		

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A 084	Continued From page 26 and [illegible] that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and, n. Measurement of [illegible] rate, temperature, and [illegible] rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the 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	A 084		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965638	A. BUILDING: _____ B. WING _____	R-C 05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANNS HOUSE-GULF HAVEN	6343 ROWAN ROAD NEW PORT RICHEY, FL 34653

(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 084	Continued From page 27 sub-subparagraphs (6)(b)2.h.-n. 429.52 (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 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that employees that assisted with self-administration of medications obtained met the six-hours educational requirement for one employee (Staff A) of one sampled employee. Findings Included: An employee record review for Staff A, conducted on , revealed that Staff A obtained a four-hour training for assistance with self-administration of medication on . Staff A's employee record did not contain a six-hour training certificate for assistance with self-administration of medications. Staff A's employee record did not contain a training certificate for two-hours training that focused on the topics that focused on the newly allowable tasks for unlicensed Medication Technicians which include but not limited to assisting residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident	A 084		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 084	Continued From page 28 for self-injection; assisting with [illegible]; using [illegible] to perform [illegible] testing; assisting residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; applying and removing stockings and hosiery; placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and, measurement of [illegible] rate, temperature, and [illegible] rate. Staff A's date of hire was not noted in the employee's record. A review of the facility's background screening employee roster, conducted on [illegible], revealed that Staff A was hired on [illegible] (photographic evidence obtained). During an interview with Staff A, conducted on [illegible] 11:25am, Staff A stated that all of the training for assistance with self-administration of medication certificates were at the employee's home and not at the facility. During an interview with the Administrator, conducted on [illegible] at 11:34am, the Administrator stated that Staff A's training certificates for self-administration of medications were not at the facility and were at Staff A's home. Class III	A 084		