

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922273	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/17/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SUNNYSIDE MANOR

**5201 BAHIA VISTA STREET
SARASOTA, FL 34232**

(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, limited nursing services, emergency power plan, health facility reporting system, generator, visitation form, and complaint survey for #2023010780 and #2023013175 was conducted on _____ through _____ at Sunnyside Manor, an assisted living facility in Sarasota, Florida. Complaint #2023010780 was not substantiated. Complaint #2023013175 was substantiated without deficiencies. The following is a description of the deficiencies from the relicensure survey.	A 000		
A 052 SS=D	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	A 052		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 052	Continued From page 1 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. (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	A 052		

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A 052	Continued From page 2 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. (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 _____ 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	A 052			

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A 052	Continued From page 3 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 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.	A 052			

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A 052	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to orally advise Residents of the names and doses of their medications for 3 (Residents #2, #5, and #15) of 3 residents who required assistance with self-administration of medication. The findings included: Review of the facility policy 1-131-1 dated revealed Assistance with Self Administration (required), "... In the presence of the resident,... orally advising the resident of the medication name and dosage... The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage." 1. Review of the Health Assessment Form 1823 for Resident #2 dated revealed the resident administered her own medications. Further review of the medical record revealed a progress note dated , after the health assessment was completed, that Resident #2 verbalized she would like staff to assist with daily administration of her scheduled meds, states that she feels a bit overwhelmed at times to "keep track of it". During an interview on at 2:00 p.m., Resident #2 said staff assist her with self-administration of her medications. She said they do not tell her what medications are in the cup when they them to her. She said she did not know it was a requirement. 2. Review of the Health Assessment Form 1823 for Resident #5 dated revealed the	A 052		

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A 052	Continued From page 5 resident required assistance with medication self-administration. During an interview on _____ at 11:10 a.m., Resident #5 said staff assist her with self-administration. She said they don't tell her what the medications are when they assist her. She said she knows she gets them twice a day, but they don't tell her what they are. She said she thinks one of them is for her _____ or _____ movements. 3. Review of the Health Assessment Form 1823 for Resident #15 dated _____ revealed the resident required assistance with medication self-administration. On _____ at 8:55 a.m., Staff D was observed to assist with medication self-administration for Resident #15. Staff did not orally advise the resident of the medication names or dosages. The resident took the medication and Staff D exited the resident's room. During an interview on _____ at 8:58 a.m., Staff D acknowledged she did not orally advise Resident #15 what medications were in the medicine cup. Staff D said the resident always says she knows what they are, and Staff D does not feel she needs to tell the resident what is in the cup. During an interview on _____ at 1:06 p.m., the Wellness Director said the medication technicians are responsible to orally advise the residents of what medications and doses are in the cup prior to assistance with self-administration. She said the facility discussed waivers but there are no waivers. The Wellness Director said she thinks orally advising the resident of the medication and	A 052			

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A 052	Continued From page 6 dose is a safeguard for the resident. During an interview on at 1:12 p.m., the Campus Director of Nursing said none of the residents have waivers and their policy is to orally advise the residents of their medications and doses when assisting with self-administration of medication. Class III .	A 052		