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
	AL11910204	A. BUILDING: _____ B. WING _____	R-C 06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPIRE AT LAKESIDE OAKS VILLAS	1059 VIRGINIA STREET DUNEDIN, FL 34698

(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 revisit to change of ownership and extended congregate care surveys was conducted at Aspire at Lakeside Oaks on . Deficiencies were identified at the time of survey.	{A 000}		
{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 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	{A 054}		

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{A 054}	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that medication observation records (MORs) had directions of use for each medication for one Resident (#2). Additionally, the facility failed to ensure that MORs were immediately updated each time medications were given to five Residents (#1, #4, #6,#7, and #8). Also, the facility failed to ensure that medication strengths were noted on MORs for four Residents (#1, #2, #6, and #8). Furthermore, the facility failed to ensure that MORs included the telephone number of primary care provider's for four Residents (#2, #6, #7, and #8) of six sampled residents (photographic evidence obtained). Findings Included: A MORs review for Resident #1, conducted on [redacted], revealed that Resident #1's prescribed Poly [redacted] did not have the strength of the medication noted on the MORs. Resident #1's prescribed [redacted] /Salmeterol inhaler was not documented as given to the resident on [redacted] at 08:00pm A MORs review for Resident #2, conducted on [redacted], revealed that Resident #2's primary care provider's telephone number was not noted on the MORs. Resident #2's prescribed [redacted] had not strength of the medications noted on the MORs. A MORs review for Resident #4, conducted on [redacted], revealed that Resident #4's prescribed [redacted] 50mg was not documented as given to the resident from [redacted] through	{A 054}		

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{A 054}	Continued From page 2 . . . . . at 11:00pm. A MORs review for Resident #6, conducted on , revealed that Resident #6's primary care provider's telephone number was not noted on the MORs. There was no strength noted for Resident #6's prescribed . . . . . spray and . Resident #6's prescribed Pro-Air HFA 90mcg was noted to take two puffs every four hours as needed for . The medication was initialed as give on . . . . . . Resident #6's prescribed 0.5mg - 2.5mg was noted to give every four hours as needed for . The medication was initialed as given every day from . . . . . through . There were no times noted when Resident #6's received the as needed medications to determine if the four hour ordered intervals were met. A MORs review for Resident #7, conducted on , revealed that Resident #7's primary care provider's telephone number was not noted on the MORs. Resident #7's prescribed . . . . . 40mg was not documented as given on at 08:00pm. A MORs review for Resident #8, conducted on . . . . . , revealed that Resident #8's primary care provider's telephone number was not noted on the MORs. There were no strengths noted for Resident #7's prescribed medications , inhaler, ... syrup, and . . . . . . Resident #8's prescribed 20mg was not documented as given on . . . . . at 08:00pm. Resident #8's prescribed 20mg was not documented as given on . . . . . at 08:00am and 08:00pm, at 02:00pm, and . . . . . at 02:00pm.	{A 054}		

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{A 054}	Continued From page 3 During an interview with the Corporate Nurse and Administrator, conducted on at 12:30pm, the Corporate Nurse and Administrator agreed that Resident #2's MORs had a prescribed medication in which the complete directions for use was not noted on the resident's MORs. The Corporate Nurse and Administrator agreed that Residents #1, #4, #6,#7, and #8 MORs had prescribed medications that were not documented as given to the residents. The Corporate Nurse and Administrator agreed that Residents #1, #2, #6, and #8 MORs had prescribed medications in which the strengths of the medications were not noted on the MORs. The Corporate Nurse and Administrator agreed that Residents #2, #6, #7, and #8s' primary care providers' telephone numbers were not noted on their MORs. Class III	{A 054}		
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, 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	A 058		

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A 058	Continued From page 4 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 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	A 058		

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A 058	Continued From page 5 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 all medication Class III deficiencies were corrected (Cross Reference: A0054). Findings Included: Due to the uncorrected Class III deficiency concerning the facility's medication practices, the facility shall be required to employ or contract with a licensed Pharmacist Consultant or 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. This written statement serves as notification of the above stated requirement. During an interview with the Administrator, conducted on [redacted] at 12:45pm, the Administrator verbalized understanding that the facility was required to employ or contract with a licensed Pharmacist Consultant or Registered Nurse Consultant to provide medication oversite and that the consultant services at a minimum was to provide onsite quarterly consultation until the inspection team from the Agency determines	A 058		

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A 058	Continued From page 6 that such consultation services are no longer required. Class III	A 058		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND [illegible] ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide staff on each shift with training in [illegible] ( ). Findings Included: An employee record review for Staff B, conducted	A 083		

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A 083	Continued From page 7 on . . . . . , revealed that Staff B obtained an online training for on . There was no evidence that the training included a performance or demonstration. Staff B was hired on . . . . . . An employee record review for Staff C, conducted on , revealed that Staff C obtained an online training for . on . . . . . There was no evidence that the training included a performance or demonstration. Staff C was hired on . An employee record review for Staff D, conducted on . . . . . , revealed that Staff D obtained an online training for on . There was no evidence that the training included a performance or demonstration. Staff D was hired on . . . . . . A review of the staffing scheduled, conducted on , revealed that the Staff D worked alone in the facility on . . . . . on the 11:00pm through 07:00am shift. Staff D was scheduled to work alone in the facility on . . . . . on the 11:00pm through 07:00am shift. Staff B and Staff C were scheduled to work together on . . . . . on the 03:00pm through 11:00pm shift with no other staff scheduled. During an interview with the Administrator, conducted on at 12:25pm, the Administrator agreed that Staff B, C, and D had training that was online only with no performance demonstration to their training. Class III	A 083		