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
	AL11966170	A. BUILDING: _____ B. WING _____	05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL OAKS	3809 CAPPER RD JACKSONVILLE, FL 32218

(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 abbreviated relicensure survey in conjunction with limited nursing services monitoring and generator monitoring was conducted at Laurel Oaks on [redacted]. Deficiencies were identified at the time of the survey. .	A 000		
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 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;	A 056		

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A 056	Continued From page 1	A 056		

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 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,

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A 056	Continued From page 2 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, observation, and interview, the facility failed to ensure "as needed (PRN)" medication listed on the Medication Observation Record (MOR), for 1 out of 5 sampled residents (Resident #3), had specific instructions for use, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations. The findings include: Review of the MOR for Resident #3 showed prescribed medication, , 0.5mg tablet, one tablet every day as needed (PRN) for . Further review of the MOR revealed the medication was being given three times a day. On at 1:00 pm, observed medication technician (Med Tech A) provide assistance with	A 056		

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A 056	Continued From page 3 self-administration of medication for Resident #3. After performing hygiene, she opened Resident #3's MOR. Without the resident asking for the medication or describing feelings of , Med Tech A took out the medication (, 0.5mg tablet) and popped it directly into a medication cup. Per review of the pharmacy label, it read "as needed, morning, noon and night." Upon questioning the med tech about the medication, she did not know the was a PRN order. Upon request, the Manager came in and looked at the order. She noted the label read "as needed" with no parameters. The medication was held until a new order for this medication was obtained from the physician. The facility manager said the pharmacy takes care of the orders, so she does not review them. She called the physician immediately to get an updated order for the , for Resident #3. At the time of exit on at 2:20 p.m., she had not produce an updated order. Review of the AHCA form 1823, Resident Health Assessment for Resident #3 revealed she needed assistance with medications. Per the physician note, the resident has and was alert and oriented x2 with periods of . During the exit conference on at 2:20 pm, these findings were discussed again with the Manager and Administrator. Class III .	A 056		