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
	AL11911149	A. BUILDING: _____ B. WING _____	07/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FANNIE E TAYLOR HOME FOR THE AGED -TAYLOR M	6605 CHESTER AVENUE JACKSONVILLE, FL 32217

(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 was conducted at Fannie E. Taylor Home for the Aged on . . , . Deficient practice was identified at the time of the survey.	A 000		
A 055	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, 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	A 055		

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A 055	Continued From page 1	A 055		

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 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

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A 055	Continued From page 2 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 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 observations, interviews, and document review, the facility failed to ensure medications were secured for 1 of 4 sampled residents (Resident #1). The findings include: During an observation at 10:15 AM on , Employee B, caregiver, was observed assisting with medications. Once in Resident #1's room, she removed a bottle of , , , from her personal refrigerator and administered Carboxymethy solution 0.5% , , , in each of the resident's , , . Employee B obtained Nystop powder 100,000 from the resident's bathroom drawer and applied it to the resident's abdomen. At 12:17 PM on , Employee D, Licensed Practical Nurse (LPN), was interviewed. She explained that medications, regardless of type, should be locked and stored on the medication cart or in the nurses' refrigerator, to	A 055		

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A 055	Continued From page 3 which only a nurse has the key. Medications were only stored in a resident's room if the resident had been assessed and deemed appropriate to self-administer medication. At 12:22 PM on , Employee B explained that she was off for the last two days and was not the staff person responsible for leaving the Nystop powder in Resident #1's room. She said that Resident #1 liked to keep her , , , in her refrigerator. She then verified that Resident #1 medications should have not been stored in the resident's room, and that they should have been stored on her cart. At 1:19 PM on , an interview was conducted with the Administrator. She explained that when medications came in from the pharmacy, they got checked in at the front desk. A staff member retrieved the medication, verified the medications and stored the medications on their cart. got locked in the extra compartment in their cart. Some medications go to the overflow cart until it's needed for an active cart. If the medication required refrigeration, it was stored in the refrigerator in the nurse's office, which was locked. The only time medication was stored in a resident's room was after the resident had been deemed safe to have unsupervised self-administration of medication, which included supplements and over the counter medications. This got documented on an 1823 Health Assessment. If the resident managed their medication, the medication was stored in a lock box in the resident's room. Review of Resident #1's 1823 Health Assessment revealed the following box was checked off: The resident needs assistance with self-administration which allows unlicensed staff to assist with , , ,	A 055		

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A 055	Continued From page 4 , oral, over the counter, and medications. Photographic evidence obtained. Review of the medication policy, implemented , documented, "1. General Guidelines: (a) All drugs and biological's will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms). ... Photographic evidence obtained. Class III	A 055		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of	A 078		

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A 078	Continued From page 5 having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by:	A 078		

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A 078	Continued From page 6 Based on record review and interview, the facility failed to ensure two of two sampled employees (the Administrator and Employee C) received a statement from a healthcare provider within 30 days of hire indicating freedom for signs and symptoms of communicable . The findings include: Review of the Administrator's personnel file showed she was hired on . Her file did not contain documentation from a health care provider indicating she was free from signs and symptoms of communicable . Employee C's personnel file showed she was hired in a direct care role. Her file did not contain documentation from a health care provider indicating she was free from signs and symptoms of communicable . The findings were reviewed with the Administrator on at 1:50pm on , she confirmed they did not have the requested communicable statements. Class III	A 078		