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
	AL11966837	A. BUILDING: _____ B. WING _____	R 07/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AASBURY MANOR ALF	5302 SATEL DR ORLANDO, FL 32810

(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 a complaint investigation 2024003083 was conducted at Aasbury Manor Alf on . The facility had deficiencies at the time of the survey.	{A 000}		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment.	A 053		

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A 053	Continued From page 1 Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record reviews and interviews the facility failed to provide administration of medication by a licensed staff for 1 of 3 sampled residents. (#15). Findings: A record review of Resident #15 revealed a facility's admission date on . . . . . A . . . . . 1823 Health Assessment Form indicates needs medication administration. Not all assisted living facilities have licensed staff to perform this service. Review of Resident #15's , Medication Observation Record (MORs) revealed Unlicensed care staff E administered all 8am and 8pm scheduled medications on - . . . . . . Review of Resident #15's MORs revealed Unlicensed care staff B and Unlicensed care staff E administered all 8am and 8pm scheduled medications from - . Review of Resident #15's , MORs revealed Unlicensed care staff B and Unlicensed care staff E administered all 8am and 8pm scheduled medications from . . . . . -	A 053		

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A 053	Continued From page 2 On [redacted] at 11:30am Unlicensed care staff A stated, "I don't pass meds only Unlicensed care staff E." On [redacted] at 11:33am Unlicensed care staff E stated, "I give meds to everyone in the facility. Yes, I give meds to Resident #15. No, I'm not a nurse but I took the class to pass meds." The Administrator was asked to provide Unlicensed care staff B's contact information. The Administrator was also asked if she was a nurse or if the facility has licensed nurses on staff. On [redacted] at 11:45pm the Administrator stated Unlicensed care staff B is on leave and may not answer. She stated, I am not a nurse, and the facility does not have any nurses. On [redacted] at 12:03pm After review of Resident #15's 1823, the Administrator stated, "no that has to be changed. He is high functioning and can take his own meds. He does not need any help. The only thing the unlicensed care staff does is open the packages and he takes it." The Administrator was informed that the unlicensed care staff may no longer administer Resident #15's medications. On [redacted] at 12:10pm the Administrator stated I will call the doctor and get a new 1823 today. (photographic evidence obtained) Class III	A 053		