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
	AL11969624	A. BUILDING: _____ B. WING _____	06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN SWAN BY THE LAKE ALF	17331 SPRING TREE LANE BOCA RATON, FL 33487

(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 Licensure complaint survey, number 2024008412, was conducted on . . . . at Golden Swan by the Lake ALF. The facility had deficiencies 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 review of policy and procedure, observation, interview and record review, the facility failed to ensure that 1) it secured an over-the-counter (OTC) medication for 1 of 5 residents reviewed, Resident #1. 2) it secured both prescription as well as OTC medications for 1 of 5 residents reviewed, Resident #3. And, 3) it secured a Bingo pack pill prescription medication as well as OTC Bingo pack pill medications and dietary supplement for 3 of 5 residents observed and reviewed, Resident #2, Resident #4, and Resident #5. The findings included: Review of facility policy and procedure on at 3:30 PM provided by the "covering" RN Administrator-on-duty for Medication Policy: Medication management is to be directed by the Administrator or staff who has successfully completed the four hours of Assistance with Self-Administration of Medication. Procedure: Medication when entered into the facility shall be	A 055		

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A 055	Continued From page 3 handled in the following manner: Storage and Handling of Medication, including Over-the-Counter (OTC): 1. All prescribed and OTC medications are to be kept in a central cabinet/closet with a key and be given only to the resident that it is prescribed to. Medication that is requested by a resident to be in their room has to be under lock and key and the resident has to be declared competent by the residents Health Care Provider ... Disposal of Medication: Administrator shall dispose of medication with one witness or taken to the pharmacy where medication was dispensed. Medication shall be disposed of in grinded coffee grain labeled DANGEROUS - DO NOT USE ..... 1) Resident #1 was admitted to the facility on . During an initial observational tour conducted on at 10:22 AM with Staff A, a Home Health Aide (HHA), it was observed that there was an OTC Refresh Tears 0.5% medication with an expiration date of , left on Resident #1's bedside night-stand table. The medication was visible, unsecured, unattended and accessible to other residents, staff members and visitors. Photographic evidence obtained. On the physician's order documented Refresh Tears 0.5% instill one (1) drop into both twice daily. 2) Resident #3 was admitted to the facility on . Her or behavioral status is noted as: Alert and Oriented. During a tour conducted on at 10:31 AM with Staff A, it was observed that there was a	A 055		

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A 055	Continued From page 4 prescription bottle of Chlorhexedine 0.12% (swish and spit) liquid medication with an expiration date [illegible], one (1) OTC liquid medication bottle of H-Chlor 12 0.125% solution containing [illegible] Hypochlorite with an expiration date of [illegible]: with no physician orders on-file for this, and one (1) "used" OTC Hydrophilic [illegible] Care [illegible] cream medication with an expiration date of 2025. All three (3) medication containers were left atop Resident #3's bedside dresser. The prescription mouthwash and the OTC solution bottle and cream tube medication were all visible, un-secured, unattended and accessible to other residents, staff members and visitors. Photographic evidence obtained. On [illegible] the physician's order documented [illegible] 0.12% Rinse 0.12% liquid swish 30 ml by [illegible] at bedtime (Do Not Swallow). There was no order for [illegible] care on Resident #3's Agency for Healthcare Administration (AHCA) 1823 Health Assessment dated [illegible]; [illegible] care was ordered after this date, per Staff B, "covering" Registered Nurse (RN) Administrator-on-duty. 3) Resident #2 was admitted to the facility on [illegible]. Resident #4 - closed record resident - on: [illegible]; medications still remaining on ALF facility premises. . Resident #5 was admitted to the facility on [illegible]. During a final observational tour of the facility's side yard trash bins on [illegible] at 4:30 PM with	A 055		

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A 055	Continued From page 5 Staff B, it was observed and discovered that there was one (1) discarded, unsecured, and unattended Bingo pack pill OTC medication of , 325 mg (with 22 tablets remaining) with an expiration date of ; with no physician orders on-file for this, for Resident #2, one (1) OTC pill medication pack of Loratidine 10mg 1 tablet daily (with 31 pills remaining) with an expiration date of for Resident #4, one (1) prescription pill medication pack of , 40mg (with 29 tablets remaining) with an expiration date of along with one (1) OTC dietary supplement pack of D3 2,000 units 1 tablet (with 14 pills remaining) with an expiration of for Resident #5. All four (4) Bingo pill medication packs were located just outside and visible in the trash of the facility premises; unsecured, unattended and accessible to other residents, staff members and visitors. Photographic evidence obtained. However, there was no physician's order on file for Resident #5 to have either the prescription , 40mg nor for the OTC pill dietary supplement pack of D3 2,000 units. On at 4:38 PM, an interview was conducted with Staff A regarding the "un-secured" Bingo pack pill prescription medication, "un-secured" OTC Bingo pack pill medications and pack of dietary supplements in the trash. Staff A acknowledged that the medications should not have been disposed of in this manner and should have been properly discarded. In summary, none of these five (5) residents had been assessed by the facility, as being able to safely and responsibly, self-administer their own medications, per Staff B.	A 055		

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A 055	Continued From page 6 Staff B further recognized and acknowledged that on [redacted] at 4:45 PM the resident's bedside medications should have been secured and the "discarded" Bingo pack medications and dietary supplements found in the trash should have all been properly disposed of in an appropriate manner; this was not done. Class III	A 055		