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
	AL11965967	A. BUILDING: _____ B. WING _____	C 09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRICK MANOR	896 73RD AVE NORTH SAINT PETERSBURG, FL 33702

(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 complaint (complaint numbers 2024011041) in conjunction with a generator monitoring survey was conducted at Patrick Manor on . Deficiencies were identified at the time of 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: Based on observation, record review and interview the facility failed to ensure medications were available to administer according to health care provider's orders for 1 (Resident #1) of 2 sampled residents. Findings Included: During a record review conducted on of Resident #1's Medication Observation Records (MOR), revealed medications were not available for the month of and beginning of An observation of Resident #'1 medications on at 11:36am revealed multiple phyisican ordered medications were not available for the resident. During an interview conducted on at 11:36am with Staff A, she confirmed the medications on Resident #1's MOR were not available. Class III	A 053		
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	A 054		

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A 054	Continued From page 2 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 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to update Medication Observation Records (MORs) immediately each time medications were offered to 2 Residents (Resident #1, and Resident #2) of 2 sampled resident. Findings Included: A review of Resident #1's MORs, conducted on	A 054		

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A 054	Continued From page 3	A 054		

, revealed that Resident #1's medications were not documented as given or refused as prescribed for, but not limited to the following: , , 10mg [milligrams] tab [tablet], 81mg [-coated] tab, 25mcg [microgram] 1000unit Tabs, 1000mcg tab, 20mg tab, , 5mg tablet, and Glargaine 100/unit/ML [milliliter] 3ML at 8:00am on , and 20mg tabs, at 8:00pm on , , - , , . And . 0.5mg tablet at 8:00am on , and 8:00pm on , , - , , , . 500mg tablet 8:00am and and 8:00pm -, -, - , , -, , - , and .

A review of Resident #2's MORS conducted on revealed that Resident #2's medication was not documented as given or refused as prescribed for, but not limited to the following: NPH [neutral , hageorn] human 100 unit/ML at 8:00am on and . 100/I/Pratro [, ,] 20MCG 120D INHL [Inhalants], at 8:00am on , , and 12:00pm on , - , , and . 4:00pm on - , - , , , , -, , and . And 8:00pm on , - , and - . 6.25mg tab at

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A 054	Continued From page 4 8:00am on [redacted] and [redacted] 8:00pm on [redacted], [redacted] - [redacted], and [redacted] 1000mcg tab at 8:00am on [redacted] and [redacted]. During an interview conducted on [redacted] at 11:17am with the Assistant Administrator he confirmed Resident #1 and Resident #2's MORs had various blanks. (Photographic Evidence obtained) Class III	A 054		