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
	AL11910970	A. BUILDING: _____ B. WING _____	R 08/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TGL RESIDENCE & ALF	3210 SW 104 COURT MIAMI, FL 33165

(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 re-licensure survey was conducted at TGL Residence ALF on [illegible]. Deficiencies were identified at the time of the survey.	{A 000}		
{A 054} SS=F	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 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 [illegible] 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 [illegible], 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.	{A 054}		

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{A 054}	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the medication observation records (MOR's) were immediately updated each time the medication is offered or administered for five out of 10 sampled residents (Residents #1, #5, #8, #9 and #10). Findings include: A review of Resident #1's MOR revealed medications [illegible] 10 MG, [illegible] 81 MG, 6.25 MG, [illegible] 5 MG, [illegible] 100 MG, [illegible] 5 MG, 40 MG, [illegible] 100 MG, [illegible] 100 MG, Mapap 650 MG, [illegible] 40 MG, and [illegible] 50 MG were not initialed as given to the resident on [illegible] at 7 AM. Medications Milk of Magnesia Suspension 10 ML and [illegible] 500 MG were not initialed as given to the resident on [illegible] at 8 AM. A review of Resident #5's MOR revealed that the medication [illegible] 40 MG at 7 AM was not initialed as given on [illegible] at 7 AM, and medications [illegible] 81 MG, [illegible] 5 MG, [illegible] 5 MG, [illegible] 200 MG, [illegible] 50-325-40-30 MG, Ferosul 325 MG, [illegible] 50 MCG, [illegible] 20 MG, Ibandronate 150 MG, [illegible] 25 MG, [illegible] 500 MCG were not initialed as given to the resident on [illegible] at 8 AM. A review of Resident #8's MOR revealed that medications [illegible] 5 MG, [illegible] 81 MG, [illegible] 1 MG, [illegible] 25 MG, [illegible] 1 MG, [illegible] 125 MG, [illegible] 500 MG, [illegible] 100 MG,	{A 054}		

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{A 054}	Continued From page 2 5 MG, 40 MG, 10 MG, 1 MG, 300 MG, 10 MG, 100 MG, Mapap 325 MG, 1000 MG, and 100 MG were not initialed as given to the resident on at 7 AM. A review of Resident #9's MOR revealed that medications 10 MG, Dr 250 MG, 20 MG, 1 MG, , 25 MG, 5 MG, 40 MG and 1000 MCG were not initialed as given to the resident on at 7 AM. A review of Resident #10's MOR revealed that the medication 40 MG was not initialed as given on at 7 AM. Medications 500 MG, 6.25 MG, 26 MG, Ferosul 325 MG, 20 MG, and Jardiance 10 MG were not initialed as who given to the resident on at 8 AM. During an interview on at 12:54 PM, when asked why the MORs were not updated, Staff C stated, "I told [Staff B] and she said she signed the book." Class III Uncorrected	{A 054}		
A 058 SS=F	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding	A 058		

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A 058	Continued From page 3 medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days	A 058		

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A 058	Continued From page 4 of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to correct a previous deficiency regarding medication records. The facility is required to employ the consultant services of a licensed pharmacist or a licensed registered nurse to provide onsite quarterly consultation until the Agency for Health Care Administration determines that such services are no longer required. Findings include: A record review found the facility was cited for deficient practice on . . . . . for failure to immediately update the medication observation records (MOR's) when the medication is offered or administered to the residents. On at 12:54 PM, Staff C stated that	A 058		

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A 058	Continued From page 5 Staff B informed her that all the residents received their morning medications. A review of Resident #1, #5, #8, #9, and #10 MORs showed the AM medications were not initialed as being offered or given for the morning of [redacted], which make this an uncorrected deficiency. Class III	A 058		