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
	AL11968973	A. BUILDING: _____ B. WING _____	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS SENIOR LIVING	2317 GILMORE ST JACKSONVILLE, FL 32204

(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 relicensure survey in conjunction with a complaint investigation (complaint #2023013070) was conducted at Better Days Senior Living on . Deficiencies were identified at the time of survey.	A 000		
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 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	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain an accurate daily medication observation record for 10 of 10 residents who received assistance with self-administration of medications. The findings include: During the entrance conference on at approximately 9:30am with the Administrator, she was asked to provide a list of residents who self administer medications. She stated there weren't any, and all residents required assistance with self-administration of their medications. On at 12:39pm, Employee A, a Medication Technician (Med Tech) was observed assisting Resident #3 with self-administration of medication. While reviewing the electronic medication observation record (E-MOR) for Resident #3, there were multiple blanks observed. Employee A stated she wasn't sure why it was blank. She stated it looked like it wasn't given. Resident #3 was asked if she received her medications on the days in question. She stated she couldn't remember if she had. Employee A asked Resident #3 if she had been out of the facility on those days. She stated she didn't think she was however, she didn't fully remember. After reviewing the E-MOR for Resident #3, the remaining resident E-MORS were reviewed. All ten residents had blanks on the same days in question. During the interview, Employee A alerted the Administrator of the findings. The Administrator stated based on the dates it would	A 054		

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A 054	Continued From page 2 have been the weekend staff assisting with the medications. She stated she couldn't confirm if residents had received their medications on the days in question. The Administrator stated for several weeks she had been having technical problems with the system on the weekends. She was asked how could she verify the medications were passed on those days. She stated she couldn't. She stated she had reported the issue and verbally advised staff to make sure medications were passed at the right time. She was asked if there was any documentation for when the electronic system is down. She stated there wasn't. During an interview on at 4:56pm, the Administration was asked to provide a copy of any policies related to medication and/or assistance with self -administration of medication. She stated there was no medication policy. She stated there was a consent that the family signed for residents to received medication assistance from unlicensed staff, adding that the notice was included in every resident contract. She stated the Med Techs should be going by the regulation when assisting with the medications. Photographic Evidence Obtained. CLASS III	A 054		
A 078 SS=D	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	A 078		

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A 078	Continued From page 3	A 078		

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 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

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A 078	Continued From page 4 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: Based on interview and record review, the facility failed to ensure evidence of negative ( ) results were documented on an annual basis for two of three employees sampled, The Administrator and Employee A. The findings include: Record review of the Administrator and Employee A's personnel files on revealed that the test on file for both staff had not been updated annually. The Administrator's last test was read on . The last test read for employee A was read on . During an interview on at 4:11pm, Administrator was advised of the lack of annual documentation and the regulation was reviewed. CLASS III	A 078		

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