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
	AL11966458	A. BUILDING: _____ B. WING _____	R-C 10/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE SENIOR LIVING AT CENTRAL TAMPA	5010 N 40 STREET NORTH TAMPA, FL 33610

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{A 000}	Initial Comments A revisit to complaint investigation (complaint number: 2024009704), a second revisit to complaint investigation (complaint number: 2024009556), a complaint investigation (complaint number: 2024013008), and a generator monitoring were conducted at Best Care Senior living at Central Tampa 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.	{A 054}		

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{A 054}	Continued From page 1 (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 immediately update medication observation records (MORs) each time medications were given to eight Residents (#1, #4, #5, #6, #7, #8, #10, and #11). Furthermore, the facility failed to ensure that MORs had the specific directions of use of each medication for one Resident (#8) of nine sampled residents. Findings Included: An MORs review for Residents #1, #4, #5, #6, #7, #8, #10, and #11, conducted on , revealed that Residents #1, #4, #5, #6, #7, #8, #10, and #11 had medications that were not documented as given to the residents during . The directions of use for Resident #8's , 500mg did not include the number of days or doses to take the medication. During an interview with Staff A, conducted on at 03:00pm, Staff A agreed that Residents #1, #4, #5, #6, #7, #8, #10, and #11's MORs had medications that were not documented as given to the residents. Staff A agreed that Resident #8's , 500mg did not include the number of days or doses to take the medication. Class III	{A 054}		

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{A 056}	Continued From page 2	{A 056}		
{A 056} SS=G	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must	{A 056}		

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{A 056}	Continued From page 3	{A 056}		

be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.
(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:
1. Practitioner's name,
2. Resident's name,
3. Date dispensed,
4. Name and strength of the drug,
5. Directions for use; and,

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{A 056}	Continued From page 4 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that medication were filled or refilled in a timely manner for nine Residents (#1, #4, #5, #6, #7, #8, #9, #10, and #11) of nine sampled residents that required assistance with self-administration of medications. Additionally, the facility failed to ensure that residents received their medications as prescribed for four Residents (#5, #6, #8, and #11) of nine sampled residents. Furthermore, the facility failed to ensure that residents received their full doses of medications for three Residents #7, #8, and #10 of nine sampled residents. The lack of medication oversight placed nine of nine residents at risk for harm or injury from medication errors, exacerbations of current or health conditions, and complications from . Findings Included: An MORs review for Resident #1, conducted on , revealed that Resident #1 had medications that were documented as not given which included 20mg, 5mg, , 30mg, and , , 100mg due to the unavailability of the medication. An MORs review for Resident #4,	{A 056}		

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{A 056}	Continued From page 5 conducted on , revealed that Resident #4 had medications that were documented as not given which included , , 2.5mg, , 81mg, 325mg, 5mg, and / , 100-25mg due to the unavailability of the medications. An MORs review for Resident #5, conducted on , revealed that Resident #5 had medications that were documented as not given which included , , 15mg, 10mg, , 0.5mg, External Gel 1% , , 160mg, 20mg, 20mg, , 600mg, , 10mg, , 5mg, and , 5mg due to the resident's refusal. Resident #5's prescribed Basaglar 5 units was documented as not given due to the lack of a number in the facility's computer system on , , , , , and at 08:30am by Staff I. An MORs review for Resident #6, conducted on , revealed that Resident #6 had medications that were documented as not given which included , 0.5mg and Fiasp due to the unavailability of the medications. Resident #6's prescribed Basaglar 80 units was documented as not given due to the lack of a number in the facility's computer system on , , , , , and at 08:30am by Staff I. An MORs review for Resident #7, conducted on , revealed that Resident #7 250mg ( ) take one	{A 056}		

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{A 056}	Continued From page 6 tablet every twelve hours for ten days (20 doses) was set up for 19 doses and not 20 doses as prescribed. The was documented as not given due to not in cart or waiting for the pharmacy on and at 08:00am. Resident #7 missed three of the twenty doses of medication. An MORs review for Resident #8, conducted on , revealed that Resident #8's prescribed Basaglar 18 units was documented as not given due to the lack of a number in the facility's computer system on - and at 08:30am by Staff I. Resident #8's 500mg ( ) take one capsule four times every day was documented as not given through at 12:00pm due to the unavailability of the medication. The medication's directions of use did not note the number of days or doses to take the medication. An MORs review for Resident #9, conducted on , revealed that Resident #9 had medications that were documented as not given which included , 81mg, 40mg, 0.5mg, 325mg, Lantis 45 units, , 5mg, , 500mg, , 30mg, , 20mg, , 0.25mg, and 0.4mg due to the resident's refusals. An MORs review for Resident #10, conducted on , revealed that Resident #10 , 500mg ( ) take one tablet twice every day for seven days (14 doses) was not documented as given on at 08:00am and 08:00pm and documented as not given due to not available on at 08:00pm. Resident #10 received eleven of the	{A 056}		

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{A 056}	Continued From page 7 fourteen prescribed doses. Resident #10's prescribed 24000 - 76000 units medication was documented as not given due to the unavailability of the medication. An MORs review for Resident #11, conducted on , revealed that Resident 11's prescribed Basaglar 40 units was documented as not given on , , and . Staff H noted that on the medication was not given "didn't administer due to high ". Staff I noted that on and the medication was not given due to the lack of a number in the facility's computer system. Resident #11's Fiasp to was documented as not given on . Staff H noted that the reason that the medication was not given was that "did not administer because is 454". There no parameters to give the above 400. There were no parameters of when to notify Resident #11's primary care provider or seek emergency treatment. During an interview with Staff H, conducted on at 03:30pm, Staff H stated that she was an unlicensed Medication Technician. Staff H agreed that there were no orders or instructions to hold the Basaglar for Resident #11 on . Staff H stated that she was not able to give the because the scale only went to 400. Staff H stated that she did not give that dose because 454 was out of that range. Staff H stated that she did not notify the doctor because there were no instructions on the MORs to notify the doctor. During an interview with Staff A (Health and Wellness Director, conducted on at	{A 056}		

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{A 056}	Continued From page 8 03:00pm, Staff A agreed that Residents #1, #4, #5, #6, #7, #8, #9, #10, and #11 had medications documented as not given to the residents for various reasons which included not available, refused, or ˬ too high. Staff A agreed that it appeared that Residents #7, #8, and #10 did not receive their prescribed for their . Staff A was not able to provide evidence that the residents' primary care providers were notified that the residents were not taking their medications as prescribed. Staff A agreed that there were no parameters of when to call Resident #11's primary care provider regarding the resident's elevated ˬ levels. Staff A agreed that there were no orders to hold the doses for Residents #5, #6, #8, and #11. Class II	{A 056}		
A 058 SS=D	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 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	A 058		

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A 058	Continued From page 9 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 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	A 058		

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A 058	Continued From page 10 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 record review and interview, the Facility failed to ensure documented Class III deficiencies regarding medicinal drugs were corrected as required (Cross Reference: A0054, and A0056). Findings Included: Due to the uncorrected Class III deficiency and newly cited Class II deficiency on concerning the facility's medication practices, the facility shall be required to employ the consultation services of a licensed pharmacist consultant or a registered nurse consultant. 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. This written statement serves as notification of the above stated requirement. Class III	A 058		