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
	AL11969939	A. BUILDING: _____ B. WING _____	R 11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLIE'S ASSISTED LIVING LLC	1840 SW JANETTE AVE PORT SAINT LUCIE, FL 34953

(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 Revisit to the Relicensure survey and a Generator Monitoring survey were conducted on 11/22/24 at Ellie's Assisted Living LLC. The facility corrected previously cited deficiencies (A08, A52, A56, A78, A81, A82, A83, A84, A90). The facility had uncorrected deficiencies (A54, AZ814) related to the Revisit survey identified at the time of the visit.	{A 000}		
{A 054}	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	{A 054}		

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{A 054}	Continued From page 1 , 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 an interview, it was determined that the facility failed to ensure the Medication Observation Record (MOR) was completed as required for 4 out of 4 sampled residents (Residents #1-#4) who required assistance with self-administration of medication. The findings included: During review of the MOR's, the following omissions and errors were identified: 1) Resident #1 a. , , / treatment medication was initialed as given daily from through . This medication was to be given "every 6 hours as needed (PRN) for ". During interview with Staff A (an unlicensed caregiver) at 9:15 AM on , she acknowledged that the resident was , , and was not able to request this "as needed" medication, and that she gave it to the resident twice a day every day but initialed once daily. b. , was initialed as given twice daily from through . This medication was to be given "every 4 hours as needed (PRN) for ". During interview with Staff A at 9:15 AM on , she acknowledged that the resident was , and was not able to request this "as needed" medication, and that she gave it to the	{A 054}		

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{A 054}	Continued From page 2 resident twice a day every day. c. , was listed to be given every day at 8:00 PM with no initials indicating it was provided to the resident. During interview with Staff A at 9:15 AM on , she stated the resident no longer took the medication. The listing had not been removed or a "discontinue" note written on the MOR after receiving a copy of the change for direction in use order from the health care provider. d. , was initialed as given twice daily from through . This medication was to be given "every 8 hours for ,". During interview with Staff A at 9:15 AM on , she acknowledged that the resident was , and was not able to request this "as needed" medication, so it was changed to be given three times a day. However, the 2:00 PM dose was not given and not initialed as given because the twice a day received was adequate according to Staff A. There was no order for the change in use from the health care provider on file and available for review. 2) Resident #2 a. and were listed to be taken daily for "30 days" with a start date of . There were no pills observed while reviewing the supplied bubble packs of medication for this resident. The medication supply would have run out on . Staff A continued to initial that the resident received these medications from through , with no request for a refill or notification of the need for a refill communicated to the pharmacy.	{A 054}		

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{A 054}	Continued From page 3	{A 054}		

b. Fursosemide 20 mg to be given once a day was listed on the MOR twice (duplicated). The second listing was not removed or marked as "duplicate", and Staff A initialed both entries to show the resident was receiving 2 doses of the medication rather than one every day from through .

c. , was listed to be given 3 times daily. Staff A initialed once daily that the resident received the medication from through .

3) Resident #3

a. and were not initialed as given from through . During interview with Staff A on 11/22/24 at 9:15 AM, she confirmed that the resident was receiving the medication, the supply was available, but the initials had not been documented to show this assistance was provided every day.

4) Resident #4

a. cream to be given twice daily was initialed as given once daily from through .

b. was not initialed as given from through . During interview with Staff A on at 9:15 AM, she confirmed that the resident was receiving the medication, the supply was available, but the initials had not been documented to show this assistance was provided every day.

Staff A was notified of these findings during interview on at 9:30 AM. The facility provided no additional information for review at

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{A 054}	Continued From page 4 this time. This is an uncorrected deficiency from the Relicensure survey conducted on . Class III	{A 054}		

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{CZ814}	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	{CZ814}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{CZ814}	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to obtain a new criminal background screening for 1 out of 2 sampled employees (Staff A), who had a break in employment greater than 90 days from the date that the last criminal background screening had been conducted. The findings included: Review of Staff A's employment history on the Clearinghouse background screening website on showed Staff A had one previous employer listed, with an end of employment date of . The subsequent employment start date at this current facility was . The website also showed that her most recent criminal background screening was completed on , more than 90 days before the date of hire with no employment. Staff A was notified of these findings on 11/22/24	{CZ814}		

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{CZ814}	Continued From page 2 at 9:30 AM. The facility provided no additional information for review at the time of the survey. This is an uncorrected deficiency from the Relicensure survey conducted on .	{CZ814}		