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
	AL11910963	A. BUILDING: _____ B. WING _____	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAZEL CYPEN TOWER	5066 NORTHEAST 2ND AVENUE MIAMI, FL 33137

(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 generator monitoring was conducted at Hazel Cypen Tower on . Deficiencies were identified at the time of the 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 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 observation and interview, the facility failed to immediately update the medication observation record every time medication was administered for one out of five sampled residents (Resident 3). Findings Included: Observation on at 11:40 am, showed Staff B (Medication Technician) placing pre-poured medication into the medication cart drawer. The medication was three pills inside a small, unlabeled clear cup. On at 11:42 am, observation showed Staff B opened the electronic Medication Observation Record (MOR) revealing that the resident record had a checked mark next to the medication and the monitor color was green. Staff B started the medication administration process over; gathering the resident medication, putting three pills inside of a small clear cup, and completed medication pass to the resident. On at 11:43 am, observation showed Staff B opened the drawer where the pre-poured medication had been placed and disposed of the residents' medications inside a 'drug buster'. According to Medline, "The Drug Buster' medication disposal system deactivates and contains the active ingredients in non-hazardous medications." Interviewed on at 11:44 am when asked about the medications that were already prepared and put in the drawer, Staff B stated she initially dropped the residents meds onto the cart and the protocol for dropped medications was to place it in Drug Buster solution. When	A 054		

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A 054	Continued From page 2 asked if she signed off on the MOR before giving the resident their medications, she stated "yes, I signed off on medications before giving to the resident". Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to	A 055		

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A 055	Continued From page 3 other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise	A 055		

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A 055	Continued From page 4 prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure centrally stored medications were kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times. The facility failed to ensure medications that had been just delivered were placed in a locked container. Findings included. On at 11:52 AM in , observation revealed that Resident#1's medication on the counter in the common area of the unlocked apartment. The resident stated she just received the medication in the mail, and she had not had time to put them away. The resident also stated that she had stayed at the facility with her wife who was somewhat , and received help showering. On at 11:58 AM In , observed	A 055		

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A 055	Continued From page 5 Resident#4 had Over the Counter (OTC) medication in drawer. On at 11:36 AM the Administrator stated, "nobody is supposed to leave anything at close range of the residents. When medication is delivered, somebody is supposed to come to the resident's room and make sure that the medication is locked." Class III	A 055		
A 152 SS=A	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor	A 152		

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A 152	Continued From page 6 lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to provide a safe living environment for 1(Resident #2) out of 6 sampled residents. Findings: On at 11:30 AM observed Resident #2 sitting in reclining chair while receiving a shot from Floor Manager. On at 11:31 AM observed chemical cleaning supplies on the floor in the corner of Resident #2's bedroom. Picture evidence was obtained. On at 11:32 AM the Administrator stated that 'Resident#2 was alert and oriented x3 and was capable of cleaning her own room despite being hard of hearing.' On at 11:33 AM Resident #2 stated that she did not clean her room on her own Resident #2 stated, "They do it for me.' When asked if the cleaning supplies were hers, the Resident said no.	A 152		

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A 152	Continued From page 7 On at 11:35 AM, the Floor Manager stated, 'This does not belong here, I will remove it immediately.' The Floor Manager also stated that the resident was , and that she would speak with housekeeping, floor staff, and the private duty aides to prevent this from happening again. On at 1:01 PM observation revealed that the Administrator did not provide the requested health assessment for Resident #2. Class III	A 152		
A 182 SS=E	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure all staff could implement the emergency management plan. The staff on duty was unable to explain what to do in the event of an emergency and did not know the evacuation plan. Findings:	A 182		

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A 182	Continued From page 8 On at 12:04 pm Staff C(Concierge) said, "The evacuation plan is to go outside to the courtyard and wait for the security all clear." Staff C also said she could not contact anyone but security during an emergency. On at 12:05 pm, when asked if she knew where the emergency food supply was, Staff C said, "That is not part of my job." On at 12:16 pm When asked about the evacuation plan, the Engineering Director stated that the campus was large, and they would evacuate to a building on campus called the Ruby Auditorium. When asked if catastrophic inclement weather damaged the entire campus, where would they go, the Engineering Director stated, "We would never evacuate, there is no need." A review of personnel records for Staff C found no documentation that she had been trained on the facility's comprehensive emergency management plan (CEMP). On at 12:35 pm The Administrator stated that the CEMP documentation was 'off campus' at another location with the Emergency Plan Manager. When asked if they had access to another copy, the Administrator said no. Class III	A 182		