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
	AL11932435	A. BUILDING: _____ B. WING _____	C 12/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARICK'S DECK RETIREMENT RANCH	4506 BRUTON ROAD PLANT CITY, FL 33565

(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 complaint investigation (complaint number: 2024014183) and a generator monitoring visit were conducted at Sharick's Deck Retirement Ranch 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 observation, record review and interview, the facility failed to maintain pill organizers with the original labeled medication container and separate for ten residents (#2, #5, #7, #8, #13, #14, #18, #19, #20, and #21). Additionally, the facility failed to immediately update medication observation records (MORs) each time medication were provided to three Residents (#5, #6, and #8). Furthermore, the facility failed to maintain MORs with the health care providers' name and telephone number for Residents (#4, #5, #6, #15, and #16) of fourteen sampled residents. Findings Included: During an observation of the medication cart, conducted on at 01:05pm, there were two pill organizers with seven compartments in each organizer that were rubber banded together. Each of the fourteen total compartments had multiple medications in each compartment. Each compartment was labeled with the first name of Residents #2, #5, #7, #8, #13, #14, #18, #19, #20, and #21 (photographic evidence obtained). A review of the resident list, conducted on , revealed that Resident #21 was not listed as a current resident and Residents #2, #5, #7, #8, #13, #14, #18, #19, and #20 were listed as current residents. During an interview with Staff B, conducted on at 01:05pm, Staff B stated that the pill organizers were brought to the facility by Staff A (an unlicensed Medication Technician) when former Resident #9's ,	A 054		

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A 054	Continued From page 2 medication went missing. A MORs review for Residents #4, #5, #6, #15, and #16, conducted on , revealed that Resident #4, #5, #6, #15, and #16's health care provider's name and telephone number were not listed on the residents' MORs. A MORs review for Resident #5, conducted on , revealed that Resident #5's MORs did not note the time the resident's prescribed , 0.1mg take one tablet twice every day was due or scheduled but noted it as needed (prn) instead. The medication was not documented as given for the second dose of the medication on , , and . Resident #5's prescribed , 2% ended on and continued to be listed as a current/active medication. A MORs review for Resident #6, conducted on , revealed that Resident #6's prescribed was not documented as given from through at 08:00am. A MORs review for Resident #8, conducted on , revealed that Resident #8's 0.12% rinse was not documented as given from through . Resident #8's prescribed had no dose noted. During an interview with the Administrator, conducted on 01:30pm, the Administrator agreed that revealed that pill organizers were not set up properly for Residents #2, #5, #7, #8, #13, #14, #18, #19, #20, and #21. The Administrator agreed that MORs were not updated immediately each time meds were	A 054		

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A 054	Continued From page 3 provided for Residents #5, #6, and #8. The Administrator agreed that there was no dose noted for Resident #8's medication. The Administrator agreed that MORs for Residents #4, #5, #6, #15, and #16 did not include the residents' health care provider names and telephone number. (Photographic Evidence Obtained) 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 055		

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A 055	Continued From page 4 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 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	A 055		

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A 055	Continued From page 5 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 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, record review, and interview, the facility failed to store discontinued and expired medications separately from medications in current use. Furthermore, the facility failed to dispose of medications within thirty days of abandoned or expired for two former Residents (#1 and #11). Findings Included: A review of the medication cart, conducted on , revealed that former Resident #1's , 1mg (Schedule) continued on the medications cart stored with medications in current use. Resident #1's , 1mg was dispensed on	A 055		

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A 055	Continued From page 6 and expired on . There were twenty-two of thirty tablets that remained in the pill pack. Former Resident #11 hospice comfort kit which included , 15mg (Schedule II) and , 1mg (Schedule). Resident #11's hospice comfort kit was dispensed on and stored with medications in current use. During an interview with the Administrator, conducted on at 01:30pm, the Administrator agreed that former Residents #1 and #11's medications continued to be stored with medications in current use. The Administrator agreed that the facility did not dispose of medications within thirty days after the discharge of the residents. The Administrator stated that Resident #1 discharged a couple of months ago and Resident #11 discharged on . (Photographic Evidence Obtained) Class III	A 055		
A 056 SS=D	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:	A 056		

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A 056	Continued From page 7 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 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	A 056		

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A 056	Continued From page 8 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, 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 have as needed medication with the circumstances or reason that the medication may be provided to one Resident (#5). Furthermore, the facility failed to notify health care providers	A 056		

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A 056	Continued From page 9 when the medications were not provided as prescribed for three Residents (#5, #8, and #16) of three sampled residents. Findings Included: A medication observation record review for Resident #5, conducted on , revealed that Resident #5's as needed medication , , - 4-1mg place one film inside the cheek and allow to dissolve twice daily as needed did not note the reason to provide the medication. A medication observation record review for Residents #5, #8, and #16, conducted on , revealed that Resident #5, #8, and #16's MORs had medication that were documented as not given to the residents. There were no reasons noted on the of Residents #5, #8, and #16's medication observation records as to the reason the residents did not receive their medications as prescribed. There was no evidence that Residents #5, #8, #16's health care providers were notified that they did not receive their medications as prescribed. During an interview with the Administrator, conducted on at 01:30pm, the Administrator agreed that there were no reasons noted on the of Residents #5, #8, and #16's medication observation records as to the reason that the resident did not take their medications as prescribed. The Administrator agreed that there was no evidence that Residents #5, #8, and #16's health care providers were notified that the resident did not take their medications as prescribed. The Administrator agreed that there was no reason to provide Resident #5's as needed medication , , - .	A 056		

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A 056	Continued From page 10 (Photographic Evidence Obtained) Class III	A 056		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during	A 081		

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A 081	Continued From page 11 inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its	A 081		

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A 081	Continued From page 12	A 081		

control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement.
(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting adverse incidents.
2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training.
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.
(f) All facility staff shall receive in-service training

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A 081	Continued From page 13 regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to provide direct care staff with training regarding control prior to providing direct care and incident reporting or adverse incident reporting within thirty days of hire for one employee (Staff D) of two sampled employees. Findings Included: A record review for Staff D, conducted on , revealed that Staff D's employee record did not contain evidence that the employee had training regarding control and incident reporting or adverse incident reporting. Staff D was hired on . During an interview with the Administrator, conducted on at 01:40pm, the Administrator agreed that Staff D's employee record did not contain evidence that the employee completed trainings regarding control and incident reporting or adverse incident reporting.	A 081		

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	AL11932435	A. BUILDING: _____ B. WING _____	C 12/06/2024

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A 081	Continued From page 14 Class III	A 081		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have staff on every shift that had been certified for ( ) and first aid for five employees (Administrator and Staff A, B, C, and D) of five sampled employees. Findings Included: An employee record review for the Administrator	A 083		

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A 083	Continued From page 15 and Staff A, conducted on , revealed that the and first aid trainings for the Administrator and Staff A had expired on . An employee record review for Staff D, conducted on , revealed that there was no current and active and first aid training in Staff D's employee record. During an attempt to review Staff B and C's current and active and first aid training certificates, conducted on , none were provided. During an interview with the Administrator, conducted on at 01:46pm, the Administrator stated that all of the facility's employees' and first aid training had expired, and the employees were scheduled to attend the training sometime next week. Class III	A 083		
A 091 SS=D	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and	A 091		

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A 091	Continued From page 16 location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that training certificates included the subject matter or topics of the training program, the training program agenda, the location of the training program, and the training provider's signature for one employee (Staff D) of three sampled employees. Findings Included: An employee record review for Staff D, conducted on , revealed that Staff D's trainings certificates for pre-service orientation, activities of daily living and behavioral needs, nutrition and food service, assisting with self-administration of medications, resident rights, and recognizing and reporting , neglect, and , did not include the subject matter or topics of the training program, the training program agenda, the location of the training program, and the training provider's signature. Staff D was hired on .	A 091		

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A 091	Continued From page 17 During an interview with the Administrator, conducted on at 01:40pm, the Administrator agreed that Staff D's trainings certificates for pre-service orientation, activities of daily living and behavioral needs, nutrition and food service, assisting with self-administration of medications, resident rights, and recognizing and reporting , neglect, and , did not include the subject matter or topics of the training program, the training program agenda, the location of the training program, and the training provider's signature. Class III	A 091		
A 152 SS=D	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	A 152		

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A 152	Continued From page 18 clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor 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, record review, and interview, the facility failed to maintain a clean and decent living environment. Findings Included: Observations of Resident #7's room and bathroom, conducted on at 01:30pm, revealed that the baseboards had an accumulation of dust. The , rail had smudges and drips of unknown substances. The toilet paper holder with smudges of unknown substances. The towel bar was broken. The night light was discolored and dirty. The paint was peeling from door and trim and the doorknob was rusty. The sink had drips and spills of unknown substances. The soap dish was covered in soap scum and bio growth. Observations of Resident #12, #13, and #14's shared room, conducted on at	A 152		

Agency for Health Care Administration

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A 152	Continued From page 19 01:35pm, revealed that the caulking around the sink was old, cracked, peeling, or missing. The sink counter had soap scum, hair, & dried spills of unknown substances. The toilet bowl was covered in splatters of unknown substances. There were dried spills/splatters of unknown substances to the wall to the left of the toilet. The , bar was rusty. The paint was peeling from the door trim and covered with smudges of black unknown substance. There was a wardrobe/dresser combination with a right broken door. There were nine broken slats to the window . A review of the local department of health inspection report, conducted on , revealed that the facility received an unsatisfactory health inspection on . During an interview with the Administrator, conducted on at 11:35am, the Administrator agreed that the most recent health inspection was unsatisfactory and unable to provide a satisfactory health inspection report. At 02:00pm, the Administrator agreed that the facility could use a bit of cleaning and paint. Class III	A 152		