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
	AL11911165	A. BUILDING: _____ B. WING _____	01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSTIC RETREAT	1120 NORTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435

(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 relicensure and generator monitoring survey was conducted on at Rustic Retreat. The facility had deficiencies at the time of the survey.	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 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 records review and interviews, the facility failed to sign the medication observation record (MOR) immediately after assisting residents with medication self-administration. The findings included: On at 2:20 PM, while review reviewing the MOR, it was not noted there were many sections of the MOR that had no signatures for medication administered or should have been administered during medication administration. The following issues were documented: The MOR documented that Resident #10 was pescribed 5 mg tablet. (take two tablets =10 mg by 3 times a day, for , , at 8:00 AM; 12:00 PM & 5:00 PM). On the MOR was not signed to indicate that the medication was given during the 12:00 PM medication administration. Review of Resident #11 MOR showed a physician order for , 0.005 solution to be administered at bedtime. The order documented: Instill 1 drop in each , at bedtime ( ) at 8:00 PM. There was no signature on at 8:00 PM indicating the medication was administered. The MOR documented that Resident #12 was prescribed to take 90 MG tabs (take one tablet by once a day, for , at 12:00 PM). On and the MOR was not signed to indicate that the medication was given. The MOR documented that Resident #13 was prescribed , - 10-325 mg tab.	A 054		

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A 054	Continued From page 2 (take one tablet by at 7:00 AM, 1:00 PM and 7:00 PM, for . On and the MOR was not signed to indicate that the medication was given. The MOR documented that Resident #3 was prescribed 80 mg tablet. (take two tablets =10 mg by once daily for at 8:00 PM). There was no signature on at 8:00 PM indicating the medication was administered. The health assessments review for Residents # 3, Resident #10, Resident #11, Resident #12, and Resident #13 documented that they all required assistance with self-administration of medication. Staff A, a medical Technician, interviewed on at 2:46 PM confirmed that she assisted the residents who took medications in the morning and noon, into taking their medications. Staff A stated, she forgot to sign the MOR on and when assisting Resident #12 and Resident #13. Staff A said that she only performed med pass during the daytime and another staff did it at night. The Administrator and the Wellness Director acknowledged the findings during the Exit Meeting conducted on at 4:10 PM. They say they will address the identified issues. CLass III .	A 054		
A 055	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL.	A 055		

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A 055	Continued From page 3 (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 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	A 055		

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A 055	Continued From page 4 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 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	A 055		

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A 055	Continued From page 5 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 interviews and records review, it was determined that the facility failed to ensure that all residents' medications were safely kept and managed by the facility. This was evident in 1 of 10 sampled residents (Resident #8)' medications, and they also failed to have Resident #8's , medication refilled timely. The findings included: On at 10:10 AM, an interview with Resident #8 revealed that he needed an , , medication for which had not been administered to him. He said that he made multiple requests for the medication, but they still have not delivered it to the facility. Resident #8 said that he kept the medication in his room (photographic evidence retained). The , , medications Resident #8 kept in his room were: / , suspension 1%/0.2 %(1 drop to affected , , and Travopost BAK0.004% , suspension, 1 drop to affected , at bedtime). Resident #8 self-administered the medication without an order to do so. On at 11:40 am, a copy of Resident #8's health assessment was requested. Review of the health assessment dated showed that Resident #8's , , prescription was listed among the other prescribed medications. The 1823 revealed that Resident #8 required	A 055		

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A 055	Continued From page 6 assistance with self-administration of medications. Resident #8's diagnoses included: , unspecified; Unspecified . It was also noted from the resident's sheet that Resident #8 was admitted to the facility on . At 11:30 AM on , the Administrator said that she had called the Veterans Affairs (VA) hospital three times to request the Resident's medication for the , but she still had not received it. During the interview, the Administrator asked the Medication Technician to remove Resident #8's from his room. This interaction with the Administrator confirmed their understanding that Resident #8's medication should be centrally stored and should be administered by the facility. CLASS III	A 055		