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 _____	R 01/21/2025

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 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document	A 078		

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A 078	Continued From page 1 observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that employees obtained a statement from a health care provider that they were free from communicable within thirty days of employment for one employee of one sampled employee. Findings Included: An employee record review for Staff B, conducted on at 11:52am, revealed that Staff B's employee record contained a statement handprinted on the negative form which was handwritten on top of an area that had	A 078		

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A 078	Continued From page 2 white-out correction fluid or tape that noted ""Free of all communicable * V. G." There was no health care provider's printed name and signature on the form. During an interview with the Administrator, conducted on , the Administrator agreed that a health care provider had not signed the statement that Staff B was free from communicable . (photographic evidence obtained) Class III	A 078		
{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 clothes,	{A 152}		

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{A 152}	Continued From page 3 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 the facility, conducted on from 09:30am through 11:30am, revealed that the facility was not maintained in a clean and decent living environment as evidence by: There as a rusty metal chair and sixteen large plastic bags full of trash under the pergola in the front yard Residents #10, #12, and #18 shared bathroom had a metal . rail covered in rust. The paint was peeling from the walls. The non-slip mat in the bathtub was dirty/discolored. There was soap scum on the ledge. The light switch plate and wall surrounding it had	{A 152}		

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{A 152}	Continued From page 4 smudges/smears of on unknown brown/black substance. Staff C covered her and with her blouse upon entering the bathroom. There was a strong odor of . Staff C and other staff did not attempt to clean this bathroom throughout the survey. Residents #5, #6, and #7 shared bathroom had a rusty metal waste basket full of used toilet paper. The water faucet was rusty. The soap dish was covered in soap scum. The paint was peeling from the door and trim. The metal , rail was covered in rust. The Hallway , rail on both sides of the hallway was rusted in many places. The main shower room had tiles and grout that were discolored black consistent with bio growth. The tile grout had peeled away in areas. There was a white chair that was discolored red-orange, and the metal were rusted. The shower wand had nowhere to hang and dangled downward. The wand's water supply hose was rusted. There were three bar soaps and four liquid bottle soaps or shampoos with no identification of which resident that they belonged to. There was a black sitting chair with rusted metal . Resident #4's bathroom had a metal , rail and toilet lever that were covered in rust. The doorknob was rusted. The paint was peeling from the walls in the bedroom. On the porch, there was a broken screen. There was a white chair that had brown/black discoloration, and the cushion was dirty and discolored. There was a reddish wicker chair that was fraying apart, and the seat cushion was torn	{A 152}		

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{A 152}	Continued From page 5 and dirty. There were old metal food cans that were used as ashtrays that were rusted. There was a large tabletop completely rusted with holes in the middle. There were loose floorboards throughout the porch in various areas. The floorboards were covered in cigarette ashes and spills of unknown substances. The roof was visibly leaking, and the floorboards were wet. The exterior walls were visibly dirty. There were smudges/smears of brown/black unknown substance to the handle and frame of the sliding glass door. The sliding glass door was not functioning properly and difficult to open/close. The sliding glass door vertical blinds were broken and there were slats missing. 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 Staff A, and C, conducted on at 10:00am, Staff A and C stated that the trash bags in the front yard had been accumulating for about a year and were filled with empty soda cans. Staff A stated that the glass sliding door did not work anymore. During an interview with the Administrator, conducted on from 11:04am through 11:20am, the Administrator stated that the local health department inspectors had not been to the facility and that the facility continued with an unsatisfactory inspection report. The Administrator stated that the painting of handrails and that there was a plan to have mirrors cut and redone was in progress. The Administrator was not able to provide a timeline for areas to be repaired. There were no quotes for repair work to	{A 152}		

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{A 152}	Continued From page 6 review. The Administrator stated that the toilet that was duct taped together would be replaced later this week. The Administrator stated that the iron from the water was terrible from the well water. The Administrator agreed that the blinds to the sliding glass door needed to be replaced. The Administrator stated that he was not aware that the tabletop on the porch was completely rusted. The Administrator agreed that the rust could cause health problems with residents and staff. The Administrator stated that he had not had a chance to dispose of the bagged cans from the front yard. (photographic evidence obtained) Class III	{A 152}		
{A 000}	Initial Comments A revisit to complaint investigation (complaint number: 2024014183) was conducted at Sharick's Deck Retirement Ranch on . Deficiencies were identified at the time of survey.	{A 000}		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly	A 052		

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A 052	Continued From page 7 labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , , converting, or , medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route.	A 052		

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A 052	Continued From page 8 (c) Administration of medications by way of a tube inserted in a , of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section	A 052		

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A 052	Continued From page 9 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.	A 052		

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A 052	Continued From page 10 (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and interview the Facility failed to ensure proper assistance with self-administration of medication for ten (Resident #1 Resident #4, Resident #6, Resident #7, Resident #10, Resident #11, Resident #14, Resident #15, Resident #16 and Resident #18) of ten sampled residents that required assistance with self-administration of medication, by pre-pulling medications. Findings Included: In an observation conducted on at 9:32am Staff A was at the medication cart with two pill organizers that had either blue or white tape on the top of each compartment covering up the initial of the day of the week. The tape pieces contained the handwritten individual resident first names [Resident #1 Resident #4, Resident #6, Resident #7, Resident #10, Resident #11, Resident #14, Resident #15, Resident #16 and Resident #18]. Each labeled compartment contained pills. (Photographic evidence obtained). In an interview with Staff A conducted on	A 052		

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A 052	Continued From page 11 at 9:34am she said that the pill containers were pre-filled for the 3:00pm-11:00pm staff on a daily basis because the evening shift staff did not have keys to the medication cart. In an interview with Resident #2 conducted on at 10:42am they said that evening medications were given from a container meant for days of the week and not from a pill bottle or pill pack. In an interview with Resident #7 conducted on at 10:46am they said they got their medications from a day of the week medicine container that had other resident pills in it too, and not from a pill bottle or pill pack. In an interview with Resident #3 conducted on at 10:48am they said they got medicine at night from a weekly pill container that also held other resident pills, and not from a pill bottle or pill pack. In an interview with the Administrator conducted on at 10:32am he said they were not to be using pill organizers for medication pass. At 11:25am he said he had attempted to keep the medication secure by giving evening staff limited medication access. Class III	A 052		
{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	{A 054}		

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{A 054}	Continued From page 12 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. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to immediately update medication observation records (MORs) each time medications were provided to sixteen (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, Resident #11, Resident #12, Resident #13, Resident #14, Resident #15, and Resident #18) of sixteen	{A 054}		

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{A 054}	Continued From page 13 sampled residents. Findings Included: In a record review of the MORs conducted on there were blanks and no exceptions noted for medications ordered to be given on at 8:00pm for Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, Resident #11, Resident #12, Resident #13, Resident #14, Resident #15, and Resident #18. In an interview with the Administrator conducted on at 10:32am he said staff should be signing off on the MORs at the time the medication was given. He was unable to say why no medications had been signed as given on the evening of . (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	{A 055}		

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{A 055}	Continued From page 14 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 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	{A 055}		

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{A 055}	Continued From page 15 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 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 medications were kept separate from the medications of other residents and	{A 055}		

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{A 055}	Continued From page 16 properly closed or sealed for ten (Resident #1 Resident #4, Resident #6, Resident #7, Resident #10, Resident #11, Resident #14, Resident #15, Resident #16 and Resident #18) of ten sampled residents whose medications were stored together in two pill organizers; and based on observation, interview and record review, the Facility failed to dispose of abandoned or expired medication within thirty days for three (Resident #2, Resident #19, and Resident #20) of three sampled residents. Findings Included: In an observation conducted on at 9:32am Staff A was at the medication cart with two pill organizers that had either blue or white tape on the top of each of the seven compartments that covered up the initial of the day of the week. The tape pieces contained the handwritten individual resident first names [Resident #1 Resident #4, Resident #6, Resident #7, Resident #10, Resident #11, Resident #14, Resident #15, Resident #16 and Resident #18]. Each labeled compartment contained pills. In an interview with Staff A conducted on at 9:34am she said that the pill containers contained pre-pulled medications to be given by the evening shift for each of the residents whose first names were labeled on top of the container. In an observation of expired medication conducted on at 11:43am there was a cabinet that contained large amounts of discontinued medications in the office area off the facility kitchen. There was a medication bottle dated in 2024 for Resident #19. There was an for Resident #2 dated with a	{A 055}		

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{A 055}	Continued From page 17 label that said to "apply a small amount to , cheeks and twice daily for 14 days for skin " and a prescription pack with a fill date of for Resident #20. In a record review of the resident roster conducted on Resident #19 and Resident #20 were no longer residents in the facility. In an attempted record review of the facility Medication policy conducted on there was no policy provided. In an interview with the Administrator conducted on at 10:32am he said they were not to be using pill organizers for medication pass and there should be no medications in there. At 11:45am he did not deny that the accumulation of expired and abandoned medications had accumulated. Additionally, he said that the medication disposal delay was due to medication return transportation issues with the pharmacy. He said that he would take the medications to the pharmacy that day and had called them to confirm medication disposal was permitted. (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	{A 056}		

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{A 056}	Continued From page 18 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 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	{A 056}		

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{A 056}	Continued From page 19 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, 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.	{A 056}		

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{A 056}	Continued From page 20 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that prescriptions for residents who received assistance with self-administration of medication were refilled in a timely manner for one (Resident #5) of three sampled residents; and based on record review and interview, the facility failed to have appropriate instructions from the provider for as directed medications ordered for two (Resident #12 and Resident #8) of two sampled residents. Findings Included: In a review of the Medication Observation Record (MOR) for Resident #12 conducted on there was an order for "Invega Sustenna 234mg/1.5ml to be injected 234mg (1.5ml) once every month as directed, and ( ) 100mg (milligram)/ml to be injected 100mg(1ml)(milliliter) once every 4 weeks as directed." There was no documentation on the MOR that the medication was administered in In a review of the MOR for Resident #8 conducted on there was an order for " 100mg/ml Inject 1ml (100mg) ( ) every 15 days. There was no evidence of the medication administered on the MOR for In an attempted record review of the provider orders for the as directed injections for Resident #12 and Resident #8 conducted on they were not available.	{A 056}		

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{A 056}	Continued From page 21 In a record review of the MOR for Resident #5 conducted on there was an order for " , 325mg tablet-Take one tablet by every 8 hours with food as needed for , and ." In an observation of the medications for Resident #5 conducted on at 11:08am no , was available. In an interview with Staff A conducted on at 11:40m she said she had confirmed , was not available for Resident #5. In an interview with the Administrator conducted on at 11:24am he said the injection medications for Resident #8 and Resident #12 were to be brought and administered by a nurse from an outside agency. He was unable to provide a provider order with specific directions for the injection that included where the medication would be received from, who would administer the medication and exactly when. He said he would get the provider to update the orders. At 11:50am he said that the pharmacy would be sending , for Resident #5. An interview with a representative from an outside provider group conducted on at 11:36am she said that their group psychiatrist was new and may not understand that the injection orders their nurse administered should be more detailed. She said she would notify him to clarify the order to include who would provide the medication, administer it, and when.	{A 056}		

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{A 056}	Continued From page 22 Photographic Evidence Obtained. Class III	{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 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	A 058		

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A 058	Continued From page 23 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 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 observation, record review, and interview, the facility failed to ensure that all medication concerns were corrected as required (Cross Reference: A0054, A0055, and A0056). Findings Included:	A 058		

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A 058	Continued From page 24 Due to the uncorrected Class III deficiencies 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		
{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 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.	{A 091}		

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{A 091}	Continued From page 25 (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 of the training program, the program's agenda, the locations of the training, and the Trainer's dated signature for one employee (Staff B) of one sampled employee. Findings Included: An employee record review for Staff B, conducted on , revealed that Staff B's trainings certificates for assistance with self-administration and medication management, pre-service orientation, activities of daily living and behavioral needs, nutrition and safe food handling, reporting incidents and adverse incidents, , elopement, emergency procedures, control, Human Deficiency and , , , resident rights, and recognizing and reporting , neglect, and , did not include the subject matter of the training program, the program's agenda, the location of the training program, and the training provider's dated signature. Staff B had not signed the pre-service orientation certificate. Staff B was hired on . During an interview with the Administrator, conducted on at 11:30am, the	{A 091}		

Agency for Health Care Administration

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{A 091}	Continued From page 26 Administrator agreed that Staff B's trainings certificates did not include the subject matter of the training program, the program agendas, the location of the training, and the Trainer's dated signature. The Administrator agreed that Staff B had not signed the training certificate for the two-hour pre-service orientation training. The Administrator stated that the Trainer had the subject matter of the training programs and the program agendas and these were not at the facility for review. Class III	{A 091}		