

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969878	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER THE FAIRWAYS AT NAPLES			STREET ADDRESS, CITY, STATE, ZIP CODE 3053 AIRPORT PULLING RD NAPLES, FL 34105		
(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 complaint survey for #2025001427 was conducted on _____ at The Fairways at Naples, an assisted living facility in Naples, Florida. Complaint #2025001427 was substantiated at A0052. The following is description of the deficiencies.	A 000			
A 052 SS=G	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 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	A 052			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 052	Continued From page 1 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. (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.	A 052		

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A 052	Continued From page 2 (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 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	A 052			

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A 052	Continued From page 3 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. (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 record review, and interview, the facility failed to provide physician prescribed medication as ordered and ensure that medications were	A 052			

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A 052	Continued From page 4 filled or refilled within a timely manner for 1 (Residents #1) of 2 residents reviewed. This has the potential to have a major impact on a resident's health as many medications won't be effective if not given as ordered. This can lead to discomfort, complications, withdrawal, an increase in flare-ups, and/or resistance to in the future. The findings included: Review of the Medication Services policy and procedure issued on _____ indicated the following: 1.) The Executive Director will ensure that medication related services required or requested by each resident are provided. The policy further outlines: 5.) All medications that staff handle, store, and assist with will be documented on the Medication Assistance Record (MAR) and in accordance with state regulations and the Community's preferred pharmacy policy and procedure manual. Review of Resident #1's record revealed an admission date of _____. Further review revealed documentation of a Resident Health Assessment Form 1823 completed on _____ indicating Resident #1 had a diagnosis of _____ Type 2 and indicated needing assistance with self-administration of medications. It indicated that she walks without assistive device and was independent with ambulation, _____, eating, toileting, and transferring. Review of progress notes for Resident #1 on _____ indicated that the resident was sliding out of her wheelchair and her granddaughter had to assist the resident with feeding.	A 052		

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A 052	Continued From page 5 Review of SOS Mobile Medical patient visit summary on _____ indicated that a provider was consulted to evaluate the resident for _____. It stated, "At baseline, the patient is _____ but typically alert and interactive. Over the past day, she has been notably _____ and minimally verbal. Additionally, while she is usually ambulatory, she now requires a wheelchair." An ISTAT (_____ analyzer) panel was performed, revealing a _____ level of 371 mg/dL (elevated). Key findings showed a positive _____ for 2+ _____ esterase and _____ suggestive of a _____. _____ without evidence of DKA (no ketones, normal _____. It further indicated that facility staff reported that _____ has not been administered for an unknown period, and they were unable to locate the patient's supplies or medication. Review of medication passing detail for Resident #1 showed _____ Tablet 500 mg, directed to take 1 tablet by _____ once daily for _____ control, was scheduled for 9 a.m. daily starting on _____. It indicated that the last date given to the resident was on _____. Review of Hope PACE procedure note on _____ showed a facility nursing monthly review that indicated an in-person assessment was conducted with Resident #1. It specified that medications, physician orders, dietary, and plan of care are reviewed and collaborated with the facility's DON (Director of Nursing). The note indicated that no medications need refills, to contact PACE with any concern, and that the DON verbalized understanding. During an interview on _____ at 12:48 p.m., the	A 052		

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A 052	Continued From page 6 DON said that she does the medication reconciliation monthly when the cycle medication comes in. She said PACE is supposed to give the medication list monthly, but they never have. She has never gotten a medication list from them since she has worked here. Last week was the first time she had received a med list from them. During an interview on _____ at 12:55 p.m., the DON brought in 8 bubble packs of (,) 500mg, indicated to take 1 tablet by _____ twice daily for _____ control "NEW DOSE", for Resident #1. She said that they were in the overload cabinet and that the Medication Technician will put the medications away. She further said that if a medication is not on the MAR, then they put it in the overload bin. She said she doesn't check the oversupply that often. They only use it if they need it. During an interview on _____ at 1:02 p.m., the Hope PACE Center Manager said that they provide all the medications that Resident #1 is on, the test strips, _____. They send 1 box of test strips and 1 box of lancets monthly. They arrive at the facility via delivery by their driver or nurse. She said they have a nurse that goes to the facility every month and they collaborate with either the Medication Technician on duty or the DON. They provide them with a medication list every month during their visit or they fax it. Class II	A 052			