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
	AL11969264	A. BUILDING: _____ B. WING _____	R 02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE ASSISTED LIVING AND MEMORY COTTAG	2595 HARBOR BLVD PORT CHARLOTTE, FL 33952

(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 follow-up by desk review was conducted on through for Parkside Assisted Living and Memory Cottage LLC, an assisted living facility in Port Charlotte, Florida. The follow-up was in response to the emergency power plan monitoring, health facility reporting system, visitation form and complaint survey completed on . The following is the deficiency identified at the time of the survey.	{A 000}		
{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: 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	{A 056}		

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{A 056}	Continued From page 1 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 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	{A 056}		

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{A 056}	Continued From page 2 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 interview, and record review, the facility failed to provide medications as ordered by the physician, failed to ensure that prescriptions are ordered and or reordered in a timely manner and available for 1, (Resident #16), of 3 residents reviewed. The findings included: Review of the policy titled: Medication Reordering policy 1. Purpose: Ensure that medications for all residents are reordered in a timely manner to avoid interruptions in treatment and maintain continuity of care. 2. Designated staff, such as medication technician or licensed nurse, is responsible for monitoring medication supplies and initiating reorders. . . . The ALF Administrator	{A 056}		

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{A 056}	Continued From page 3 or healthcare supervisor overseas the reordering. Review of the Medication Administration Record for Resident #16 for the Month of and , failed to show Resident #16 received the following physician ordered medications: , 81 milligrams (mg), waiting on refill on and . Marked on hold on with no reason why. 145 mg : Unavailable on , , , , and ; waiting on refill/ pharmacy on , , , , , and , not in cart on , and . 40 mg, awaiting pharmacy on . , 125 mg, not in cart on . Doxasozin 2 mg, not in cart on , , , , and . 10 mg, on hold with no reason why, on and marked as refill on . On 25 at 10:25 a.m., in a phone interview, the Executive Director confirmed some of the physician ordered medications for Resident #16 were not administered. He said he has since replaced the Health and Wellness Director. Class III .	{A 056}		