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
	AL11910963	A. BUILDING: _____ B. WING _____	R 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAZEL CYPEN TOWER	5066 NORTHEAST 2ND AVENUE MIAMI, FL 33137

(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 revisit to a generator monitoring survey was conducted at Hazel Cypen Tower on . Deficiencies were identified at the time of the 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 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.	A 052		

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A 052	Continued From page 1 (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. (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.	A 052		

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A 052	Continued From page 2 (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 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	A 052		

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A 052	Continued From page 3 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 observation, record review and interview, the facility failed to ensure that the staff followed the procedure outlined by the state and adhered to control protocols (Staff D) when assisting one of one sampled resident with self-administration of medications (Resident #1) Findings included:	A 052		

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A 052	Continued From page 4 Observation on at 9:55 AM revealed that Staff D was passing medications to Resident 1. A review of the MOR (Medication Observation Record) revealed that the medications were scheduled at 8:00 AM. Further observation on at 9:56 AM revealed that Staff D did not wash her and was not wearing gloves when assisting Resident 1 with self-administration of medication. Further observation showed that Staff D placed the medications caps 100 mg, . tabs 5 mg, tabs 20 mg, , tab 4 mg , , caps 500 mg tab 100 mg, tab 500 mg, , tab 100 mg, , tab 325 mg, , tab 10 mg, , tab 81 mg, tab 40 mg and , tab 10 mg on a plastic cup using her bare and offered it to Resident 1 with a cup of water. Further observation showed that Resident 1 dropped a medication pill on his , and Staff D tried to pick it up with her bare , but Resident 1 took the pill first and placed it in his . Further observation showed that Staff D never advised the Resident which medications and dosages were offered. Interviewed on at 9:56 AM Staff D stated that Resident 1 did not have a waiver. Interviewed on at 9:57 AM Staff D stated that she could not give the Resident his medications at 8:00 AM because he was having	A 052		

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A 052	Continued From page 5 breakfast. Interviewed on at 10:00 AM the Director of Patient Services stated that the Resident did not have a waiver and he liked to take his medicines after eating breakfast. 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 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	{A 054}		

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{A 054}	Continued From page 6 , 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 observation, record review and interview, the facility failed to maintain an accurate medication observation record for 1 out of 1 sampled resident (Residents 1). The MOR (Medication Observation Record) was predated. Findings included: Observation on at 9:56 AM showed that Staff D finished passing the medications to Resident 1. Further observation showed that Staff D never signed the MOR (Medication Observation Record) A review of the MOR (Medication Observation Record) revealed that the medications scheduled for at 8:00 AM were predated. The medications were signed on the MOR before the medications were given to the Resident. Interviewed on at 9:56 AM Staff D stated," I sign the medications before I pass them to the Resident, when I get them" Class III	{A 054}		
{A 055} SS=E	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,	{A 055}		

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{A 055}	Continued From page 7 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 requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the	{A 055}		

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{A 055}	Continued From page 8 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 by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit	{A 055}		

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{A 055}	Continued From page 9 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 that medications were always locked. Findings included: Observation on at 10:00 am revealed that there were two pill boxes containing medication pills unsecured on top of a desk inside # (Photographic evidence obtained) Interviewed on at 10:05 AM the Director of Resident Services stated that the Resident was moving to another room on the Memory Care floor and the room was not occupied. Observation on at 10:10 AM revealed that there was a container of unsecured on top of the nightstand inside # (Photographic evidence obtained) Observation on at 10:15 AM revealed that there was a container of on top of an open toilet cabinet inside the bathroom of # (Photographic evidence obtained) Interviewed on at 10:20 AM the Director of Resident Services stated that the medications were used by the hospice nurses. Class III	{A 055}		

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A 058	Continued From page 10	A 058		
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 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	A 058		

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A 058	Continued From page 11 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 is required to employ the consultant services or a licensed registered nurse or pharmacist who will provide onsite quarterly consultations until it is determined that such consultation services are no longer required. The facility received a Class III uncorrected deficiency of Medication- Records, an uncorrected Class III deficiency of Medication- Storage and Disposal and a new Class III deficiency on Medication-Assistance with Self-Administration of Medication.	A 058		

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A 058	Continued From page 12 Findings included: Observation on at 9:55 AM showed that Staff D finished passing the medications to Resident 1. Further observation showed that Staff D never signed the MOR (Medication Observation Record) A review of the MOR (Medication Observation Record) revealed that the medications scheduled for at 8:00 AM were predated. The medications had been signed on the MOR before they were given to the Resident. Interviewed on at 9:56 AM Staff D stated," I sign the medications before I pass them to the Resident, when I get them" Observation on at 10:00 am revealed that there were two pill boxes containing medication pills unsecured on top of a desk inside # (Photographic evidence obtained) Interviewed on at 10:05 AM the Director of Resident Services stated that the Resident was moving to another room on the Memory Care floor and the room was not occupied. Observation on at 10:10 AM revealed that there was a container of unsecured on top of the nightstand inside # (Photographic evidence obtained) Observation on at 10:15 AM revealed that there was a container of on top of an open toilet cabinet inside the bathroom of	A 058		

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A 058	Continued From page 13 # (Photographic evidence obtained) Interviewed on at 10:20 AM the Director of Resident Services stated that the medications were used by the hospice nurses. Observation on at 9:55 AM revealed that Nurse D was passing medications to Resident 1. A review of the MOR (Medication Observation Record) revealed that the medications were scheduled at 8:00 AM. Further observation on at 9:56 AM revealed that Staff D did not wash her and was not wearing gloves when assisting Resident 1 with self-administration of medication. Further observation showed that Staff D placed the medications caps 100 mg, , tabs 5 mg, tabs 20 mg, , tab 4 mg , , caps 500 mg tab 100 mg, tab 500 mg, , tab 100 mg, , tab 325 mg, , tab 10 mg, , tab 81 mg, tab 40 mg and , tab 10 mg on a plastic cup using her bare and offered it to Resident 1 with a cup of water. Further observation showed that Resident 1 dropped a medication pill on his , and Staff D attempted to take it with her bare , but the Resident took the pill first and placed it in his . Further observation showed that Staff D never advised the Resident which medications and dosages were offered.	A 058		

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(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 058	Continued From page 14 Interviewed on at 9:56 AM Staff D stated that Resident 1 did not have a waiver. Interviewed on at 9:57 AM Staff D stated that she could not give the Resident his medications at 8:00 AM because he was having breakfast. Interviewed on at 10:00 AM the Director of Patient Services stated that the Resident liked to take his medicines after eating breakfast. Class III	A 058		
A 152 SS=E	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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910963	A. BUILDING: _____ B. WING _____	R 02/25/2025

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A 152	Continued From page 15 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 and interview, the facility failed to provide a safe living environment, free of hazards to the residents. The facility also failed to maintain existing architectural systems in good order. A torn carpet and boxes of supplies stored inside the resident's room presented a hazard. Findings included: Observation on at 10:09 AM revealed several boxes of supplies including adult brief and gloves on the floor inside resident # (Photographic evidence obtained) Observation on at 10:18 AM showed a folding mattress stored inside # (Photographic evidence obtained) Observation on at 10:39 AM showed that the edge of the floor carpet in front of the	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 152	Continued From page 16 elevator on the 4th floor was torn and lifted presenting a hazard. (Photographic evidence obtained) Interviewed on at 10:40 AM, the Administrator stated that the carpet would be repaired immediately. Interviewed on at 10:27 AM the Administrator stated that the mattress and supplies were being stored but did not belong to the residents in the room. Observation on at 10:34 AM revealed that the soap dispenser was removed from the bathroom damaging the wall (Photographic evidence obtained) Interviewed on at 10:35 AM the Administrator stated that it would be replaced. Class III	A 152		
{A 182} SS=F	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication This Statute or Rule is not met as evidenced by: Based on interview and record review the facility	{A 182}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{A 182}	Continued From page 17 failed to ensure that the staff was trained in their duties and responsible for implementing the emergency management plan. The Director of Resident Services and the Dining Room Supervisor were not aware where the residents would be evacuated in case of an emergency. The Waitress did not know where the facility kept the emergency food supply. Findings included: Interviewed on at 11:00 AM in the kitchen the Waitress stated that she was not sure where the emergency food supply was stored. She stated, "I think the emergency food is kept on the 5th or the 6th floors, I am not sure" Interviewed on at 10:05 AM the Dining Room Supervisor stated that he did not know where the residents would be relocated in case of an emergency evacuation. He stated," I don't know where the residents are supposed to be moved in case of evacuation" Interviewed on at 11:15 AM when asked the Director of Patient Services stated, "In case of an evacuation the residents would go to the hospital or we would ask the authorities" A review of the facility's CEMP's mutual aid agreement showed that the designated receiving locations were Miami Jewish Health and Miami Dade County ALF. Interviewed on at 11:25 AM the Administrator stated that the emergency food supply was kept in another building next door. Class III	{A 182}		