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
	AL11969042	A. BUILDING: _____ B. WING _____	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA ASSISTED LIVING, LLC	624 BARBER AVE LAKE WORTH, FL 33461

(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 Bethesda Assisted Living, LLC. The facility had deficiencies at the time of the survey.	A 000		
A 052	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, records review, and interviews, it was determined that the Administrator, a registered nurse had failed to administer medications to 1 of 5 sampled residents (Resident #4) as ordered by the physician. The findings included:	A 052		

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A 052	Continued From page 4 Record review of the medication observation record on at 9:00 AM, revealed that Resident #4 had a medication to be assisted with three times daily (8:00 AM, 12:00 PM & 5:00 PM). Review of Resident #4's health assessment (AHCA form 1823) revealed he was diagnosed with , , and . It was also documented in the AHCA form 1823 that Resident #4 required assistance with self-administration of medications. On at 10:14 AM upon arrival of the Administrator at the facility, she was asked about the medication administration assistance time for the residents. The Administrator said that the resident took medications in the morning and at night. The Administrator did not mention the noon medication. During lunch observation at 12:39 PM, it was observed and noted that all the residents sat at the table to eat. The Administrator did not at that time make any attempt to give Resident #4 his prescribed medications. After lunch at 12:50 PM, the residents returned to their respective areas, and activities and Resident #4 went to sit in the backyard with some other residents. The Administrator sat there with them. At 1:10 PM on , Resident #4 was asked if he had medication scheduled for Noon and whether he had already taken it. Resident #4 replied that he did, but the medications were not yet given to him. Resident #4 said they usually give him the medications but it was maybe because "You" are here that they forgot. At 1:14 PM, the Administrator was asked if she had already given Resident #4 his noon	A 052		

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A 052	Continued From page 5 medications. The Administrator said yes, she did. However, when presented with contrary evidence based on the observation made and interview conducted with Resident #4, the Administrator admitted that she did not give Resident #4 his medication. Then, the Administrator proceeded to give Resident #4 the medication at 1:20 PM. Class III	A 052		
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 [redacted] 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.	A 054		

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A 054	Continued From page 6 (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 observation, records review, and interviews, the facility failed to ensure the Medication Observation Record (MOR) was signed after assisting 5 of 5 sampled residents (Residents #1, #2, #3, #4 & #5) with taking their medications. The findings included: On review of the medication observation record (MOR) at about 9:00 AM revealed that it was not signed for the medications that were supposed to be administered on at 8:00 AM. The slots of the MOR dated were left blank. There were no other no other sections/slots with missing signatures on the MOR (photographic evidence retained). Observation conducted on about 9:10 AM revealed there were five residents at the facility. A brief interview with each resident confirmed they all had already received their morning medications. However, the MOR was not signed. Review of Residents #1, #2, #3, #4 & #5's health assessment records (AHCA form 1823) revealed that all the residents required assistance with self-administration of medications. At 10:14 AM, on . the Administrator arrived at the facility and was asked about the missing signature observed in the MOR. The Administrator said she was at the facility earlier	A 054		

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A 054	Continued From page 7 that morning and had given medications to all the residents. She then retrieved the MOR attempting to sign it. She was then presented with the evidence showing that the MOR was not signed while the task was performed which violates the protocol of assisting residents with self-administration of medications. The Administrator acknowleged the findings. Class III	A 054		
A 078	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	A 078		

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A 078	Continued From page 8 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 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 interviews, the	A 078		

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A 078	Continued From page 9 facility failed to ensure that 2 of 3 sampled employees (the Administrator & Employee A) had completed an annual physical examination revealing freedom from communicable ( ). The findings included: On , a review of the staffing schedule showed that Staff A and the Administrator were active employees of the facility. The employees' job application records documented that the Administrator was hired on and Staff A was hired on . Upon review of the Administrator's file on , the annual evaluation and current status was not found. The annual physical evaluation, as per AHCA regulations, informs whether an employee is free from communicable . Upon review of Staff A's personnel file, on , the evidence of an annual physical could not be found. Staff A is a Home Health Aide (HHA) who currently works at night at the facility. On at 11:30 AM, the Administrator was asked to provide evidence of her annual physical and that of Employee A. The evidence was not provided. The Administrator also confirmed that Staff A still work at the facility. During the exit meeting on at 2:00 PM, the evaluation record was still not provided after reiterating request for the evidence. Class III	A 078		