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
	AL11966607	A. BUILDING: _____ B. WING _____	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON HOUSE OF LARGO	2050 EAST BAY DRIVE LARGO, FL 33771

(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 complaint investigation (#2025003761) in conjunction with a generator monitoring visit was conducted at Heron House of Largo on . Deficiencies were identified at the time of the survey.	A 000		
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 , 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	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain accurate and updated daily Medication Observation Records (MORs) for three (Resident # 1, Resident #2, Resident #3) of five sampled residents who required assistance with self-administration of medication. Findings Included: In an interview with Resident #2 conducted on at 10:02am she said there had been a MOR discrepancy with her medications on when the Medication Technician said she already received her , medications, but she did not. She said another Medication Technician found the MOR error and was able to provide her , medication. Additionally, she said this was not the first time there was a MOR discrepancy. Record review of the , MOR for Resident #2 revealed blanks for 50mg 6:00pm dose on and and no exceptions were noted. There were blanks for , - , 5-325mg for the 6:00am dose on and no exceptions were noted. In an interview with Resident #4 conducted on at 1:03pm she said they would mark medications as given when they were given to the wrong resident. In a record review of the MOR for Resident #1 conducted on there were blanks for , , , ER 15mg on , and . There	A 054		

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A 054	Continued From page 2 were no exceptions noted. Additionally, there were blanks for two other ordered medications with no exceptions noted. In a record review of the , MOR for Resident #3 there were many blanks for scheduled medications on and blanks for several medications on and . No exceptions were noted. In a record review of the facility Medication Management policy dated , it listed on page 3 "V. Medication Record" for residents who received assistance with self-administration the facility is to maintain a daily Medication Observation Record (MOR) and a chart for recording each time the medication was taken, any missed dosages, or refusals to take medication as prescribed or medication errors, and it must be immediately updated each time the medication was offered or administered. In an interview with the Administrator conducted on at 12:09pm she said that there should be no holes in the MOR but that they had an internet issue that could have affected the MOR system. She said she planned to implement paper MORs as a backup. Photo 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 055		

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A 055	Continued From page 3 (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 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	A 055		

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A 055	Continued From page 4 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 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	A 055		

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A 055	Continued From page 5 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, interview and record review, the Facility failed to keep centrally stored medications locked and secured at all times; and based on observation, interview and record review the Facility failed to keep medications locked and secured at all times for one (Resident #1) of one sampled resident that required assistance with self-administration of medication. Findings Included: During an observation on at 8:52am Staff A left the medication cart unlocked in first floor resident hallway to assist surveyors. During an observation of Resident #1's room conducted on at 9:50am there was a bottle of , 500mg on the bedside table, a tube of Voltaren gel on top of the opened bedside drawer, and a bottle of 5mg gummies on a dresser by the coffee pot that was visible from the open doorway. A record review conducted on of Resident #1's Resident Health Assessment Agency for Healthcare Administration (AHCA) Form 1823 dated revealed the resident required assistance with self-administration of medication. A record review of the facility Medication Management Storage and Disposal Policy dated	A 055		

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A 055	Continued From page 6 conducted on under section "VI. Medication Storage" it listed that medication must be kept locked when the resident was absent unless in a secure place within the room or apartment or in some other secure place which was out of sight of other residents. Additionally, it said both prescription and over the counter medication should be centrally stored when the facility administered the medication and kept in a locked cabinet, locked cart, or other locked area at all times. In an interview with the Administrator conducted on at 12:11pm she said medications should stay locked when not attended by staff and medications should be in the cart for those that required assistance with self-administration. Photo Evidence Obtained. Class III	A 055		
A 092 SS=D	59A-36.012(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming	A 092		

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A 092	Continued From page 7 responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to designate a trained employee responsible for food services and the day-to-day supervision of food service staff as required. Findings Included: In an attempted record review of the designated food service staff employee file conducted on there was no employee file provided. In a record review of a local agency food inspection dated conducted on it was marked as "unsatisfactory". On page 3 it listed "Violation #2. Certified Manager must be present during all hours of food	A 092		

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A 092	Continued From page 8 operation for facilities that serve Highly Susceptible Populations or have 3 or more food service workers. At time of inspection, person in charge does not have certification." An interview with the Administrator conducted on [redacted] at 12:12pm she said they had a staffing change in dietary and would have to hire a replacement. Additionally, she said no employee had the required food service designee training and that they had received a violation from another agency. Photographic Evidence Obtained. Class III	A 092		

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CZ830 SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	CZ830		

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CZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	CZ830		

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CZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit their Comprehensive Emergency Management plan (CEMP) annually. Findings Included: A facility record review conducted on revealed the facility's last CEMP approval was dated and valid through . There was no proof of annual submission. In an interview with the Administrator conducted on at 11:03am she said she was working with new management group on the emergency transportation contract and would get the CEMP submitted when she had that. Photo Evidence Obtained. Class III	CZ830		