

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/29/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DISCOVERY VILLAGE AT TAMPA PALMS

**17470 BROOKSIDE TRACE CT
TAMPA, FL 33647**

(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 biennial survey, a complaint investigation (complaint number: 2025004318), and a generator monitoring visit were conducted at Discovery Village at Tampa Palms on . Deficiencies were identified at the time of 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	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 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. (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	A 052			

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A 052	Continued From page 2 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 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	A 052			

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A 052	Continued From page 3 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 observation and interview, the facility failed to ensure that unlicensed Medication Technicians followed the proper steps while assisting residents with their medication for three Residents (#9, #10, and #11) of three sampled Residents.	A 052			

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A 052	Continued From page 4 Findings Included: During a medication pass observation with Staff E for Residents #9, #10, and #11, conducted on _____ at 11:25am, Staff E did not wash or sanitize her _____ before or after assisting Resident #10 with the prescribed medications _____ 325mg, _____ 50mg, _____ 25/100mg, and _____ Pyridostigmine 60mg. Staff E did not advise Resident #10 of the names and doses of the medications. At 11:35am, Staff E did not wash or sanitize her _____ before assisting Resident #9 with the prescribed medication Oyster Shell _____ 500mg. Staff E did not advise Resident #9 of the dose of the medication. Staff E left the medication on the coffee table and exited the room without observing that Resident #9 took the medication. There was a plastic medication cup with two pills on the end table next to Resident #9. At 11:45am, Staff E did not wash or sanitize her _____ while assisting Resident #11 with the prescribed medication _____ 2.5mg. Staff E did not advise Resident #11 of the name and dose of the medication. During an interview with Staff E, conducted on _____ at 11:38am, Staff E stated that one pill in the plastic medication cup on the end table was Resident #9's _____ 250mg that was scheduled at 08:00am and Staff E was not sure what the other pills in the cup was. During an interview with the Health and Wellness Director, conducted on _____ at 01:30pm, the Health and Wellness Director agreed that Medication Technicians were supposed to wash and sanitize their _____ before, during, and after the med pass. The Health and Wellness Director agreed that Medication Technicians were	A 052			

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A 052	Continued From page 5 supposed to observe residents take and swallow their medications. The Health and Wellness Director agreed that Medication Technicians were supposed orally advise residents of the names and doses of their medications. 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 , the facility must, pursuant to Section	A 054			

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A 054	Continued From page 6 429.41, 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 record review and interview, the facility failed to immediately update medication observation records at the time medications were offered or given to Resident #10. Furthermore, the facility failed to ensure that unlicensed Medication Technicians were not documenting that they assisted with medications when they did not assist with the medications for two Residents (#9 and #10) of three sampled residents. Findings Included: An , medication observation record review for Resident #9, conducted on , revealed that unlicensed Medication Technicians were documenting that they were assisting with medications that they did not assist with, and that Resident #9 had an order that she may self-administer the medications which included Amuly Elpt Inhaler 100mcg, Spray 0.1% spray, Suspension 32mcg spray, 100mg, and 20mg. An , medication observation record review for Resident #10, conducted on , revealed that unlicensed Medication Technicians were documenting that they were assisting with medications that they did not assist with, and that Resident #10 had an order that he may self-administer the medications which included Tears, 2% Solution, and Inbrija 42mg Inhalant. Resident #10's medication observation record also had medication that were not documented as	A 054			

AHCA Form 3020-0001
STATE FORM

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A 081	Continued From page 8 requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility.	A 081			

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A 081	Continued From page 9 (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095,	A 081			

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A 081	Continued From page 10 F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to provide direct care staff with 1-hour control training, 3-hour Activities of Daily Living (ADL) and Behavioral Needs training, and 1-hour of Nutritional and Safe Food Handling training for one (Staff G) of four sample employees. Findings Included: An employee record review for the Staff G	A 081		

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A 081	Continued From page 11 conducted on _____, revealed that Staff G employee records did not contain evidence of 1-hour _____ control training, 3-hour ADL and Behavioral Needs training, and 1-hour of Nutritional and Safe Food Handling training. Staff G was hired on _____. During an interview with the Administrator on _____ at 2:02pm, the administrator was not able to provide us with the certifications that were requested during the survey. The administrator was unable to provide evidence of the documents. Class III	A 081			
A 082 SS=D	59A-36.011(4) FAC Training - _____ / _____ (4) _____ / _____ (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on _____ and _____, including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility provided no documentation of a one-time education course on _____ and (_____ and Acquired _____) for one out of four sampled staff (Staff G).	A 082			

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A 082	Continued From page 12 Findings included: A record review conducted on _____ showed no documentation of / _____ training completion for Staff G. Staff G was hired on _____. On _____ at 2:05pm, the Executive Director acknowledged that facility's records were not up to date. Class III	A 082			
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. _____, 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance _____, 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practitioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services,	A 162			

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A 162	Continued From page 13 therapeutic diets, _____, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A _____ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their _____ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that _____ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust	A 162		

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A 162	Continued From page 14 fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an _____ recipient, a copy of the Department of Children and Families form Alternate Care Certification for _____, _____, CF-ES 1006, _____, which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the _____ of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's _____, DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by	A 162			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/29/2025
NAME OF PROVIDER OR SUPPLIER DISCOVERY VILLAGE AT TAMPA PALMS			STREET ADDRESS, CITY, STATE, ZIP CODE 17470 BROOKSIDE TRACE CT TAMPA, FL 33647		
(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 162	Continued From page 15 contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the Facility failed to ensure residents had a -to- medical examination by a health care practitioner after a significant change for one (Resident #4) of five sampled residents; and based on interview and record review the Facility failed to ensure residents had a -to- medical examination by a healthcare provider at least every three years for one (Resident #9) of five sample residents; and based on interview and record review the Facility failed to maintain a completed Resident Health Assessment Agency for Healthcare Administration (AHCA) Form 1823 for one (Resident #10) of five sampled residents. Findings Included: In an observation of Resident #4 conducted on at 1:15pm she was wearing an canula and had tan bandage-type sleeve wraps around both calves. In an interview with Resident #4 conducted on at 1:15pm she said she had care to her twice a week and needed A record review for Resident #4 conducted on revealed a facility note entry by the	A 162			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/29/2025
NAME OF PROVIDER OR SUPPLIER DISCOVERY VILLAGE AT TAMPA PALMS			STREET ADDRESS, CITY, STATE, ZIP CODE 17470 BROOKSIDE TRACE CT TAMPA, FL 33647		
(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 162	Continued From page 16 Director of Health and Wellness with an effective date of _____ for "type: Skin/ _____ note" that listed " _____ to left side of _____ closed and _____ to right side of _____ continues to show improvements." Additionally, there was a facility note dated _____ by the Director of Health and Wellness Director "resident refused home health visit today to do _____ care." The Resident Health Assessment Agency for Healthcare Administration (AHCA) Form 1823 (1823) dated _____ had no _____ care or _____ listed, and _____ was marked with a "no" In an interview with the Health and Wellness Director conducted on _____ at 1:32pm she said Resident #4 did have an open _____ on her _____ and _____ lower _____ that were treated by home health. She agreed the care and _____ were significant changes that should have been documented on the 1823. A record review for Resident #9, conducted on _____, revealed that Resident #9 was admitted on _____. Resident #9's 1823 was dated _____ and there was no updated 1823 on file. A record review for Resident #10, conducted on _____, revealed that Resident #10 was admitted on _____. The 1823 dated _____ did not include the Examiner's address and the type of assistance needed for "Section 2. Self-Care and General Oversight Assessment-Medications" on page 3. During an interview with the Health and Wellness Director, conducted on _____ at 01:30pm, the Health and Wellness Director agreed that Resident #9 and #10 needed updated 1823 forms	A 162			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969190	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/29/2025
NAME OF PROVIDER OR SUPPLIER DISCOVERY VILLAGE AT TAMPA PALMS			STREET ADDRESS, CITY, STATE, ZIP CODE 17470 BROOKSIDE TRACE CT TAMPA, FL 33647		
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A 162	Continued From page 17 with all required information noted on the forms. Photographic Evidence Obtained. Class III	A 162			