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
	AL11965917	A. BUILDING: _____ B. WING _____	R 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CABOT COVE ASSISTED LIVING LLC	455 BELCHER RD S 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 second revisit to biennial survey was conducted at Cabot Cove Assisted Living Facility on . Deficiencies were identified at the time of 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 medication.	A 054		

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A 054	Continued From page 1 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 two Residents (#1 and #2). Furthermore, the facility failed to ensure that the strength of all medications were noted for one Resident (#1) of three sampled residents. Findings Included: A , medication observation record review for Resident #1, conducted on , revealed Residents #1's medication observation record had medications that were not documented as given to the resident which included Resident #1's prescribed medication HFA (hydrofluoroalkane) on at 02:00pm. There was no strength of Resident #1's HFA medication noted on the medication observation record. A , medication observation record review for Resident #2, conducted on , revealed Residents #2's medication observation record had medications that were not documented as given to the resident which included Resident #2's prescribed medications 20 milligrams (mg) and 10 milliequivalents (MeQ) on at 08:00am. During an interview with the Wellness Director, conducted on at 10:15am, the Wellness Director agreed that Resident #1 and #2's medication observation records had medications that were not documented as given to the residents.	A 054		

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A 054	Continued From page 2 (photographic evidence obtained) Class III	A 054		
{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 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	{A 056}		

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{A 056}	Continued From page 3	{A 056}		

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 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

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{A 056}	Continued From page 4 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 record review and interview, the facility failed to provide medications within the standard timeframe of one hour before and up to one hour after the scheduled time and failed to notify primary care providers when residents did not receive their medications as prescribed for three Residents (#1, #2, and #3) of three sampled residents. Findings Included: A medication observation record review for Resident #1, conducted on , revealed Resident #1's prescribed medications , 2.5 milligrams (mg), 1% , gel, 145 mg, 1 mg, 40 mg, Gemtesa 75 mg, , 1 Gram, , 40 mg, 10 milliequivalents (MeQ), Plus 8. mg, , 15 mg, 0.025%	{A 056}		

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{A 056}	Continued From page 5	{A 056}		

Cream, 100 micrograms (mcg), D3 1000 units, 100 mg, MagOx 400 mg, and Oyster Shell 500 mg were scheduled to be given at 08:00 am. The medications were documented as given by Staff A (an unlicensed Medication Technician) at 9:56 am on , 9:09 am on , and 9:40 am on . Resident #1's prescribed medication HFA (hydrofluoroalkane) was documented as refused on at 2:00 pm. Resident #1's prescribed medication 1% , gel was documented as not give due to refusal on , , and at 8:00 am. There was no evidence that Resident #1's primary care provider was notified that the resident was not taking the medication as prescribed.

A medication observation record review for Resident #2, conducted on , revealed that Resident #2's prescribed medications , 500 mg, , 0.5 mg, , 15 mg, , 500 mg, , 250 mg, 500 mg, , 25 mg, Rosuvastatin 5 mg, 50 mg, 12% , Cream, Fresh Tear , 0.5% solution were scheduled to be given at 8:00 pm. The medications were documented as given by Staff B (an unlicensed Medication Technician) at 11:30 pm. Resident #2's prescribed medications , 500 mg, Acidophilus Probiotic (no dose noted), , 0.5 mg, , 15 mg, , 500 mg, , 250 mg, 20 mg, 5 mg, 500 mg, , 25 mg, , 50 mg, , 30 mg, 10 MeQ, 5 mg 500 mcg, D 1.25 mg,

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{A 056}	Continued From page 6 100 mg, and Fresh Tears , 0.5% solution were scheduled to be given at 8:00 am. The medication were documented as given by Staff A (an unlicensed Medication Technician) at 9:49 am on . Resident #2's prescribed medication 12% cream was documented as not given due to refusal from through at 8:00 am. There was no evidence that Resident #2's primary care provider was notified that the resident was not taking the medication as prescribed. A medication observation record review for Resident #3, conducted on , revealed that Resident #3's prescribed medications , 5 mg, , 81 mg, 3.125 mg, , 5 mg, , 12.5 mg, 500 mg, and Rosuvastatin 10 mg were scheduled to be given at 08:00 am. The medications were documented as given by Staff A (an unlicensed Medication Technician) at 09:36 am on and 09:30 am on . During an interview with the Wellness Director, conducted on at 10:15 am, the Wellness Director agreed that Residents #1, #2, and #3 medications were documented as given outside the standard timeframe of up to one hour before and up to one hour after the scheduled time. The Wellness Director stated that he had not notified any residents' primary care provider of missed medications. Class III	{A 056}		
{A 058} SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies	{A 058}		

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{A 058}	Continued From page 7 429.42 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 8 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 record review and interview, the facility failed to ensure documented Class III deficiencies regarding medicinal drugs were corrected as required (Cross Reference: A0056). Findings Included: A review of the licensed Pharmacist Consultant's contract, conducted on , revealed that the facility with a licensed Pharmacist	{A 058}		

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{A 058}	Continued From page 9 Consultant on to provide services to assist the facility to become compliant with medicinal drugs. During an attempt to review the licensed Pharmacist visit report and re-education efforts, conducted on , there were no visit reports, re-education certificates or agendas provided. During an interview with the Wellness Director, conducted on at 10:15 am, the Wellness Director stated that the licensed Pharmacist Consultant had not been to the facility to assess the facility's deficient medication practices or provide re-education to unlicensed Medication Technicians. Due to the uncorrected Class III deficiency concerning the facility's medication practices and a new Class III deficiency (Cross Reference: A0054), the facility shall be required to employ the consultation services of a licensed Pharmacist Consultant or a Registered Nurse Consultant. 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. This written statement serves as notification of the above stated requirement. During a telephone interview with the Administrator, conducted on at 10:30 am, the Administrator verbalized understanding that the facility was required to employ or contract with a licensed Pharmacist Consultant or	{A 058}		

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{A 058}	Continued From page 10 Registered Nurse Consultant due to the facility's uncorrected medication Class III deficiencies. Class III	{A 058}		