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
	AL11966874	A. BUILDING: _____ B. WING _____	R 05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FUTURE SMILES SENIOR LIVING LLC	4645 SW VAHALLA ST PORT SAINT LUCIE, FL 34953

(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 Revisit to the Relicensure and Complaint (#2024015882) survey was conducted on 05/13/2025 at Future Smiles Senior Living LLC. The facility corrected the previously cited deficiencies (A 0052 & A 0054). The facility had an uncorrected deficiency (A 0056) related to the Relicensure survey identified at the time of the visit.	{A 000}		
{A 056}	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	{A 056}		

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{A 056}	Continued From page 1 tablets per day." The revised instructions, including the date they were obtained from the health care provider and 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	{A 056}		

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{A 056}	Continued From page 2 or complimentary prescription drugs are not dispensed in the 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 an interview, the facility failed to ensure copies of orders for medication changes were on file and available for review before changing the assistance with the use of the medications for 6 out of 6 sampled residents {Residents #1-#6). The findings included: On at 12:45 PM, the , MORs (Medication Observation Records) were reviewed for at the facility. The following errors and omissions were identified: A. Resident #1 1. Armour was noted as "DC per hospice" with no date of the discontinue order documented. 2. , was noted as "DC 1 mg longer" with no date of the discontinue or change order	{A 056}		

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{A 056}	Continued From page 3 documented. 3. ˏ was not intialed as given from through . 4. and NP ˏ had a note indicating "different ones" without a change of order date written. 5. "PRN" (as needed) direction for use was marked off with a line through it for , , ˏ, Glyccopyrolate, ˏ ˏ , , , and . B. Resident #2 1. cream was not intialed as given from through . 2. S was not intialed as given in the "AM"on , and ; and in the "PM" on , , and . 3. "PRN" (as needed) direction for use was marked off with a line through it for , , ˏ, Glyccopyrolate and . 4. , had "DC per hospice" written in the row. C. Resident #3 1. "DC" was written in the rows for , ˏ , ˏ , Invermectin and . 2. .5 mg (tablet) was documented	{A 056}		

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{A 056}	Continued From page 4 to be given per the pharmacy's printed MOR "at bedtime" with "8:00 PM" listed for staff to initial when given. Staff initials were completed daily showing the medication was given at 2:00 PM instead from through . During interview with the Administrator at 12:55 PM on , she stated the resident's health care provider changed the order to 2:00 PM. The pharmacy representative was called at this time to verify the change order, but stated they had not received one and the prescription remained as a "bedtime" dose. D. Resident #4 1. was not initialed as given by staff for the "PM" dose from through . 2. had "DC by skin doctor" written in the row with no date of the discontinue order listed. 3. and D3 were not initialed as given by staff from through . 4. had the "PM" dose marked with a line through it and a note stating "doctor changed meds to once daily". 5. , was not intialed as given twice daily from through . 6. had a note stating "DC no longer on " with no date of a discontinue order listed. 7. , ( ) had "PRN" crossed out with a line through it and "DC" written in the row with no date of the discontinue order listed.	{A 056}		

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

8. had "DC" written in the row with no date of the discontinue order listed.

E. Resident #5

1. , had "DC" written in the row with no discontinue order date documented and a note that stated "replaced , 75 mg". , 75 mg to be given once daily was listed with a note that indicates "error on this", with initials that the medication was given by staff on , and . The MOR was blank the other dates in through .

2. , , , SSD cream, , , , , , Fleet Oil , , and had "DC" written in the row with no discontinue order date documented.

3. was not intialed as given in the "PM" from through .

4. was not intialed as given once daily from through .

5. had "PRN" and "as needed", then "DC per doctor" crossed out with a line through it with no date of the discontinue order listed. Times were documented for the medication to be given three times daily and a start date of that order listed as " ". There were no initials by staff to indicate the medication was given on and .

F. Resident #6

1. shampoo, ,

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{A 056}	Continued From page 6 , , , and had "DC" written in the row with no discontinue order date documented. 2. , is listed to be given at 8:00 AM and 2:00 PM with no initials to indicate that the "AM" dose was given from through and no initials for the "PM" dose from through . During interview with the Administrator on at 1:15 PM, she acknowledged that she had not obtained copies of any of the discontinue or change of directions for use orders for the aforementioned medications. The facility provided no additional information for review at this time. This is an uncorrected deficiency from the survey completed on . Class III Uncorrected	{A 056}		