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
	AL11910374	A. BUILDING: _____ B. WING _____	06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR COURT	3700 N. FLAGLER DR WEST PALM BEACH, FL 33406

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A 000	Initial Comments An unannounced Wellness Monitoring survey was conducted on at Windsor Court. Deficiencies were identified at the time of 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. (f) Keeping a record of when a resident receives	A 052		

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A 052	Continued From page 1 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. (5) Assistance with the self-administration of	A 052		

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A 052	Continued From page 2 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 enable the resident to take medication as	A 052		

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A 052	Continued From page 3 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, it was determined that 1 out of 1 sampled medication Tech failed to follow physicians orders and appropriate steps when assisting a resident with his/her self-administered medications, for 6 out of 6 sampled residents (Residents #7,13, 15,16, 17,18). It was also determined that staff failed to adhere to the facility's control procedures while assisting with the	A 052		

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A 052	Continued From page 4 self-administration of medications. This was evidenced by 1 out of 1 sampled staff's (Staff C) failure to dispose of contaminated medications and sanitize the medication cart immediately after cross-contamination occurred during the medication pass. The findings included: a)During the medication pass on at 9:21 AM Staff C (Med Tech) was observed giving meds to Resident #11 while there was a line of 5 residents awaiting their medications. At 9:34 AM Staff C was observed still filling out the MAR while residents were waiting in line. Further observation on from 10:01AM to 10:18AM revealed Residents #7,13,15,16,17,18 all received their medications after 10:00AM. Throughout the duration of this time, many of the residents (Residents #7,17,18) complained about the long wait time. At 10:39AM Resident #18 was begging Staff C to give her medication because she had been waiting for over an hour. During an interview with Staff C(Med Tech) on at 10:58AM, she stated she had 90 residents to perform med pass for in the morning with no help. She further stated med pass starts at 8:00AM and can end at nearly 11:00AM. When asked if there was any designated time on the MARs for the residents, Staff C stated no. A review of the MARs for Residents #7,13,15,16,17,18 revealed the following information: - Resident #7 had morning medications due at 8:00AM - Resident #13 had morning medications due at 7:00 AM and 8:00 AM - Resident #15 had morning medication due at	A 052		

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A 052	Continued From page 5 8:00AM - Resident #16 had morning medications due at 8:00AM - Resident #17 had morning medications due at 8:00AM - Resident #18 had morning medications due at 8:00AM At this time, all 6 of the residents had received their medications two hours after the medications designated on the MARs. During an interview with the Administrator on at 11:45 AM, she was asked what the standard time for med pass was. She stated med pass is from 8:00AM to 10:00AM and all residents required assistance with medication. She was informed that med pass went beyond 11:00AM that day and the residents were complaining for an hour about the delay in medications. The Administrator acknowledged the findings and stated she will find a way to ensure the residents receive their medications on time per the physician's orders. b) During an observation of a medication pass on at 10:43AM, Staff C(Med Tech) was preparing medications for Resident #14. Staff C was observed dropping one of the resident's medications [Softgels 180 MG] on to the medication cart while attempting to place into a cup filled with eight other medications. Staff C left the contaminated pill on the medication cart and continued with the med pass. At this time, Staff C was observed bursting into a medication capsule [, 10 MG] while attempting to remove the pill from its pill packet. The powder from the capsule dispersed all over the exposed medications in the cup (8 pills) and the	A 052		

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A 052	Continued From page 6 medication cart surface. Staff C then took a tweezer and removed the broken pill from the cup and placed it in a new cup along with the pill she dropped on the medication cart. At no point did Staff C wipe off or decontaminate the medication cart , nor did she dispose of the contaminated medications. Staff C proceeded to give Resident #14 the medications inside of the contaminated cup. Staff C replenished the two medications from the pill packs and proceeded to give them to Resident #14 in a separate cup. During an interview with Staff C on at 10:46AM, AHCA intervened and asked Staff C(Med Tech) what the protocol was for broken and discarded medications. Staff C stated she would dispose of the medication with a drug buster and call the pharmacy to replace the discarded pills. Staff C was also asked by she did not replace the contaminated pills, she stated she only needed to replace the two medications that on the cart. At no point was the drug buster used, nor did Staff C mention sanitizing the medication cart. The surveyor intervened again and requested Staff C decontaminate the medication cart before proceeding with any further med passes. Staff C took a dry cloth and dusted the cart off before continuing the med pass. During an interview with the Assistant Administrator on at 1:25 PM, she was asked what the protocol was for discarding medications. She stated the Med Techs were given a drug buster to discard the medications, and they were supposed to call the pharmacy to request the replacement of the medications. She was then asked about the control protocol for the medication carts and contaminated medications. She stated in the	A 052		

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A 052	Continued From page 7 event the cart was to become contaminated the Med Techs were responsible for ␣ the cart immediately and disposing of the medications immediately and replenishing them for a new med pass. At this time, the Administrator was notified that staff were not following the protocol for this process as it was observed that Staff C (Med Tech) did not use the drug buster, replenish the medications, nor the cart after it was contaminated. The Administrator acknowledged the findings and stated she would have the pharmacy retrain her staff on the protocol for proper control techniques while assisting with self-administration of medications. Further interview with the Assistant Administrator confirmed that Staff C was assisting with medications beyond the acceptable timeframe window. It was also discussed that 1 Med-Tech could not handle the volume of medication assistance in a timely manner, the Assistant Adminstrator agreed. She stated the facility would hire an additional Med-Technician to assist with medications to the residents. Class III	A 052		