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
	AL11969347	A. BUILDING: _____ B. WING _____	R 07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEGANCE AT LAKE WORTH	9948 WOODWIND LANE LAKE WORTH, FL 33467

(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 Limited Nursing Services (LNS) survey revisit was conducted on at Elegance at Lake Worth. Deficiencies from survey were found to be corrected at the time of the survey. The facility had new licensure deficiencies identified at the time of the survey.	{A 000}		
A 053	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not	A 053		

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A 053	Continued From page 1 required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that unlicensed staff only provided assistance with self-administration of medications. The facility failed to have licensed personnel administer medications to 3 of 3 sampled residents, (Residents #1, #2 and #3) who reside on the memory care unit. The findings included: Review of Resident #1's medical record indicated the resident resides in the facility's memory care unit. Review of Resident #1's current Resident Health Assessment,1823 form dated indicated that the resident has , and is alert but disoriented. The form further indicated that the resident needs assistance with self-administration of medications. In an observation on at 4:30 PM of unlicensed staff assistance with self-administration of medications for Resident #1, Staff #A prepared the prescribed medication for the resident. Staff #A dispensed several tablets from the prepackaged pharmacy containers into a small cup and approached Resident #1, calling her name. Staff #A stated, "here are your medications" and handed the	A 053		

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A 053	Continued From page 2 small cup to resident, who then lifted the cup to her , swallowing the medications with water. Staff #A was not observed to follow regulatory training requirements to assist with self-administration of medications including orally advising the resident of her medications. Review of Resident #2 's medical record indicated the resident was recently transferred to the facility's memory care unit for a decline in medical status. Review of Resident #2's current Resident Health Assessment, 1823 form dated indicated that the resident has a mild and required medications to be prepared to self-administer. The form indicated that the resident as able to self-administer their own medications. In an observation on at 4:35 PM of unlicensed staff assistance with self-administration of medications for Resident #2, Staff #A prepared the prescribed medication for the resident. Staff #A dispensed several tablets from the prepackaged pharmacy containers into a small cup and approached the resident calling her name. Staff #A stated, "here are your medications" and handed the small cup to resident, who then lifted the cup to her , swallowing the medications then drank water. Staff #A was not observed to follow regulatory training requirements to assist with self-administration of medications including orally advising the resident of her medications. Review of Resident #3's medical record indicated the resident resides in the facility's memory care unit and was assessed to be an elopement risk. Review of Resident #3's current Resident Health Assessment, 1823 form dated indicated that the resident has , was	A 053		

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A 053	Continued From page 3 alert and oriented to self but was forgetful. Further review indicated that Resident#3 required medication management. In an observation on at 4:37 PM of unlicensed staff assistance with self-administration of medications for Resident #3, Staff #A prepared the prescribed medication for the resident. Staff #A dispensed several tablets from the prepackaged pharmacy containers into a small cup. Resident#3 approached the medication cart and Staff A stated the resident's name and " here are your medications" , handing the small cup to resident, who then lifted the cup to her and swallowed the medications with water. Staff #A was not observed to follow regulatory training requirements to assist with self-administration of medications including orally advising the resident of her medications. The resident was questioned by the surveyor if she knew the names of medications or reason she was prescribed them, and Resident#3 stated " I'm old, don't know medications. I take too many." In an interview with the Director of Nurses on at approximately 4 PM she confirmed that Resident #1, #2 and #3 all currently resided in the memory care unit based on assessed needs for additional oversight due to their diagnosed medical conditions. She stated that they all were physically able to swallow their prescribed medications but would be unable to express what/why medications had been prescribed. She stated that the unlicensed staff was administering the medications to the residents on the memory care unit. She confirmed that the Resident Health Assessment forms for Residents #1, #2 and #3 were not accurately reflective of the residents' current	A 053		

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A 053	Continued From page 4 medication needs and the level of care being provided to them. Class III	A 053		