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
	AL11968838	A. BUILDING: _____ B. WING _____	09/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A QUAINT MEADOW	39 OHIO RD 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 Relicensure and Generator Monitoring was conducted on at A Quaint Meadow. The provider had deficiencies at the time of the visit.	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.	A 052		

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A 052	Continued From page 1 (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 discretion on the part of the unlicensed person.	A 052		

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A 052	Continued From page 2 (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 facility staff, the following options are available to	A 052		

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A 052	Continued From page 3 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, records review, and interviews, the facility failed to follow the established medication pass /med pass protocol while assisting 2 of 2 sample residents (Resident #2 & Resident #4) with self-administration of medications. The findings included:	A 052		

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A 052	Continued From page 4 On at 1:20 PM, Staff B, a Home Health Aide, was observed assisting Residents #2 and Resident #4 take their medications. Staff B opened the medication cart and retrieved the pack label afternoon and enclosing Resident #2's pills. Staff B pushed the pill (. 5 mg into a small plastic cup and took the pill to Resident #2 who sat at the table. The order written was "take 1 tablet by three times a day, 8:00 AM, 2:00 PM, 8:00 PM for ". Staff B did not review or use the medication observation record (MOR) during that task. Soon after, Staff B reopened the med cart and retrieved three packages containing Resident #4's medications. She then pushed three pills into a small plastic cup and brought them to Resident #4. Staff B was reminded by the Administrator to sign the MOR. After scanning through the MOR for a while, Staff B realized she could not find one of the pills she had given to Resident #4 written in the MOR, to sign for it. So, Staff B was observed signing for only one of the medications which she had given to Resident #2. Then, Staff B stated she was done with med pass. Review of the MOR showed Resident #4 had two medications recorded on the , MOR. The medications were: a) , 5 mg tabs. Take 1 tab. by three times a day at 2:00 PM. b) 100 mg, capsule. Take 1 capsule three times a day (8:00 AM, 2:00 PM & 8:00 PM) for seven days for . Further review showed Staff B had already signed the MOR before given Resident #4 his	A 052		

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A 052	Continued From page 5 medications prior to the Surveyor's arrival at the facility. For, upon arriving at the facility, the Surveyor had obtained a photo of the MOR and had noted that the 2:00 PM medication was already signed for. Additionally, there was no signature for the evening or 8:00 PM medication 100 mg, given to Resident #4 from the time Resident #4 started taking the medications on . Review of Resident #2 health assessment record (AHCA Form 1823) documented Resident #2 required assistance with self-administration of medications. Review of the Sheet documented Resident #4 was admitted to the facility on /202. Resident #4's 1823 dated documented Resident #4 required assistance with self-administration of medications. . Staff B stated on at around 1:30 PM, she used the packs when assisting the residents take their medications because they are pre-labelled (morning, afternoon, & night). Staff B admitted she did not realize that the third medication she gave to Resident #4 pre-labeled "Afternoon" was not in the current MOR. The Administrator was interviewed on that matter on at about 1:45 PM, and she said that they recently received the new MOR. The Pharmacy omitted to write down the third medication on it. She brought the previous month MOR and there the instruction for the medication was noted: c) 40 mg. take 1 tablet by once daily for at 5:00 PM. However, because the pack containing the	A 052		

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A 052	Continued From page 6 pill is pre-labelled "Afternoon", Staff B routinely gave it to Resident #4 at the same time she gave the 2:00 PM medications. At the exit meeting on at 2:00 PM, the findings were discussed with the Administrator. She voiced her understanding and agreed with the identified concerns. Class III	A 052		

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ZZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	ZZ830		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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ZZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	ZZ830		

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ZZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on records review and observation, the facility failed to have an approved comprehensive emergency management plan (CEMP) and failed to ensure that its emergency power and supplies were functional and ready to operate in an emergency. The findings included: On at 12:30 PM, the Administrator was asked to provide evidence of the facility's approved comprehensive emergency plan. The Administrator said that it was not yet approved. She provided the last approved plan. Review of the CEMP revealed it expired the 28th of . The Administrator said the plan was submitted on (three months after its due date). The plan was rejected on and has not yet been resubmitted, as of . Additionally, when asked to show evidence of the facility's emergency power supplies. The Administrator showed a portable generator which was not operational. Despite many attempts, the Administrator could not get the generator to start. Class III	ZZ830		