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
	AL11953664	A. BUILDING: _____ B. WING _____	R 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

(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 revisit to a complaint investigation (complaint number 2025006260 & 2025008086) and new complaint (complaint number 2025009654 & 2025012144) was conducted at Midway Manor ALF on . Deficiencies were identified at the time of the 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	{A 054}		

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{A 054}	Continued From page 1	{A 054}		

physician's annual evaluation of the use of the medication.

This Statute or Rule is not met as evidenced by:
Based on observation, interview, and record review the facility failed to maintain daily Medication Observation Records (MORs) that were updated accurately when medications were offered to one (Resident # 2) of one sampled resident.

Findings included:

During an interview on at 9:50 a.m. Resident #2 said staff were supposed to bring evening medications the night before and did not and that would sometimes disappear.

A record review of Resident #2's MOR conducted on with Staff D the controlled substance log for , 1 milligrams (mg) tablets had 51 pills that remained, and the pill packet had 50 pills. count reflected a count of 14 pills, and the pill packet had 13.

During an observation conducted on at 1:43 p.m. there was a single round white tablet found within the pages of the log for Resident #5.

A record review of the undated facility policy entitled "Medication Errors" conducted on the policy goal was "assure residents receive their mediations properly and prevent theft or errors in handling of the resident medications. Procedure: All Med Techs are required to perform a shift change report. The report will require the current shift and oncoming shift med- techs to check the count that is

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{A 054}	Continued From page 2 accurate at the end of the shift. Should the count be incorrect the resident care director will be immediately notified with the med-tech on the current shift to be considered for suspension. Furthermore, the policy reflected that the "Resident Care Director will review the and assure that the count is not only correct, but medications are being performed properly as they are supposed to be. The Director will be responsible to assure that any errors are corrected, or disciplinary measures are passed on to the individual responsible." During an interview on at 2:19 p.m. the Administrator said that the medication technician forgot to sign out the morning medications for Resident #2. Additionally, the Administrtaor found the white individual pill was a , but was unable to say which resident's pill it was, and said all staff would need re-training. Photo Evidence Obtained. Class III	{A 054}		
A 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 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	A 058		

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A 058	Continued From page 3 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 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	A 058		

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A 058	Continued From page 4 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. Findings included: A revisit to complaint investigation (#2025006260 and #2025008086) was conducted on revealed that the facility continued to have uncorrected and recited Class III medication deficiencies. During an interview on at 2:30 p.m. the Administrator understood the facility was required to implement the consultant services of a licensed Pharmacist or a licensed Registered Nurse Consultant to provide medication oversite, and that the consultant services at a minimum must provide onsite quarterly consultation until the Inspection Team from the Agency determined that such consultative services were no longer required. Class III	A 058		

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{A 152} SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .	{A 152}		

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{A 152}	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to perform building repairs and maintain a safe, clean-living environment for all residents. Findings included: Observations conducted on of the facility first and second floors from approximately 9:40 a.m.-11:48 a.m. revealed the following: " -209 had approximately a six-inch area stained on ceiling with black bio-growth in center of stain on foyer ceiling. " room: dark gray dust around vent at top of wall and chipped paint near vent on ceiling, dust on another vent. " had gray dirt and crumbs on the floor behind the door, with a circular stain approximately 2 in diameter around the outlet, and gray dust and dirt along far walls at baseboards. " -230: The bathroom had a toilet stained with brown and no water inside, lifting vinyl floor laminate behind toilet, and shower floor stained brown shaped like flowers from adhesive, with clumps of long black hair on edge and in tub with shower scum along walls and tub floor. Additionally, there was a 3- area of brown water stains on ceiling above window and a dirty vent. " : hole in the bathroom door in hallway, ceiling vent moisture along edge of ceiling vent above closet, and blinds on window too narrow to cover the full window. The Hall closet had no doorknob and missing slats and was filled with black garbage bags of items, an old microwave, curtains, wires, wood slats, a cardboard box, brown bag of items, a walker and other items.	{A 152}		

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{A 152}	Continued From page 7 " had a closet hole in wood door at bottom in the hallway. " A metal shopping cart filled with black garbage bags and other items in upstairs foyer. During an interview on at 11:19 a.m. Resident #4 said the staff would only clean occasionally. During an interview on at 11:19 a.m. Resident #5 said the staff had not cleaned their room or bathroom in three to four weeks, and the cleaning person had quit, and the facility had not yet hired anyone. During an interview on at 2:19 p.m. the Administrator said the facility would get the last of the cleaning and repairs completed. Photographic evidence obtained. Class III	{A 152}		