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 |
|---|---|---|---|
| | AL11968254 | A. BUILDING: _____ B. WING _____ | R 11/06/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE PRESERVE AT DUNEDIN | 2010 GREENBRIAR BLVD CLEARWATER, FL 33763 |

| (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 |
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| {A 000} | Initial Comments<br><br>A Revisit to a complaint survey (#2025010002) in conjunction with a complaint survey (#2025014545, 2025015853) Aspen ID 8PB311 was conducted at The Preserve at Dunedin on 11/06/2025. The deficiencies were not found to be corrected at the time of survey. | {A 000} | | |
| {A 054} SS=D | 59A-36.008(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(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.<br>(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:<br>1. The name of the resident and any known the resident may have;<br>2. The name of the resident's health care provider and the health care provider's telephone number;<br>3. The name, strength, and directions for use of each medication; and,<br>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.<br>(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 record review and interview, the facility failed to update Medication Observation Records (MORs) immediately each time medications were offered to two residents (Resident #4 and Resident #12) of four sampled residents.

Findings included:

A review of Resident #12's MORs, conducted on , revealed that Resident #12's MORs had medications not documented as given to the resident for the following prescribed medications:
- Tablet 40 milligrams (mg) on at 8:00 p.m.
- Solos Injection 100/ milliliters (ML) on at 8:00 a.m., and at 8:00 a.m.
- 3mg Tablet on at 8:00 p.m.
- -100Unit/ML-SOL (solution) on at 11:00 a.m., at 4:00 p.m., at 11:00 a.m., at 8:00 a.m., at 4:00 p.m., and at 8:00 a.m.
- 100,000 Unit/GM(gram)-Powder on at 5:00 p.m.

A review of Resident #4's MORs, conducted on , revealed that Resident #4's MORs had medications not documented as given to the resident for the following prescribed medications:
- Chlordiazep Capsule 5mg on at 8:00 p.m.
- Capsule 400mg on at 8:00 p.m.
- IB Gard Capsule on at 6:00 a.m.

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| {A 054} | Continued From page 2<br>- Tablet 4mg on at 6:00 a.m.<br>- 40mg on at 8:00 p.m.<br>- 50mg tablet on at bedtime.<br><br>During an interview on at 11:15 a.m., the Administrator agreed there were blanks on the MOR for Resident #4 and Resident #12.<br><br>(Photographic evidence obtained)<br><br>Class III | {A 054} | | |
| A 058 SS=D | 429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies<br><br>429.42 Pharmacy and dietary services.-<br>(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 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.<br>(2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication | A 058 | | |

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| A 058 | Continued From page 3<br><br>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.<br><br>58A-5.033(3)<br>(3) EMPLOYMENT OF A CONSULTANT.<br>(a) Medication Deficiencies.<br>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.<br>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 days subsequent to the initial on-site consultant visit.<br>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 | A 058 | | |

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| A 058 | Continued From page 4<br>notification of such determination.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the facility failed to ensure all medications concerns were corrected (Cross Reference: A0054).<br><br>Findings included:<br><br>Due to the uncorrected Class III deficiencies concerning the facility's medication practices, the facility shall be required to employ a licensed Pharmacist Consultant or a Registered Nurse Consultant.<br><br>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.<br><br>This written statement serves as notification of the above stated requirement.<br><br>During an interview with the Administrator, conducted on at 11:15 a.m., the Administrator verbalized understanding that the facility was required to employ or contract with a licensed Pharmacist Consultant or Registered Nurse Consultant due to the facility's uncorrected medication Class III deficiency (Cross Reference: A0054).<br><br>Class III | A 058 | | |