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
	AL11970161	A. BUILDING: _____ B. WING _____	R 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE MARY	410 CARING DR LAKE MARY, FL 32746

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{A 000}	Initial Comments A second revisit to a complaint investigation #2025009475 and generator monitoring was conducted at Lake Mary Assisted Living Facility & Memory Care with Limited Nursing Services (LNS) on - . The facility had a deficiency at the time of the visit.	{A 000}		
{A 052} SS=D	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.	{A 052}		

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{A 052}	Continued From page 1 (e) Returning the medication container to proper storage. (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	{A 052}		

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{A 052}	Continued From page 2 reason for administration requires judgment or discretion on the part of the unlicensed person. (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 , ˬ 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	{A 052}		

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{A 052}	Continued From page 3 medication is away from the facility and from facility staff, the following options are available to 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: DEFICIENCY REMAINED UNCORRECTED Based on observation, record reviews, and interviews unlicensed caregivers P & Q failed to follow proper medication - assistance with self-administration during a medication pass for 4	{A 052}		

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{A 052}	Continued From page 4 sampled residents (#11, #12, #13, #14). Findings: Observation revealed Unlicensed Caregiver P failed to perform proper hygiene during the medication pass for resident #11 and resident #12. On at 9:50 AM, Unlicensed Caregiver P retrieved the medications from the med cart and reviewed the Medication Observation Record (MORs). After preparing a cup of water and retrieving a medicine cup. The unlicensed caregiver entered resident #11's room and began the medication pass. After completion, she returned to the med cart updating the MORs. The unlicensed caregiver did not perform hygiene before, during or after the medication pass. Review of resident #11's 1823 health assessment revealed the resident needs assistance with self-administration of medications. On at 10:00 AM, Unlicensed Caregiver P arrived at resident #12's room. She retrieved the medication from the cart and reviewed the MORs. After preparing a cup of water and retrieving a medicine cup. The unlicensed caregiver entered resident #12's room and began the medication pass. After completion, she returned to the medication cart updating the MORs. The unlicensed caregiver did not perform hygiene before, during or after the medication pass. Review of resident #12's 1823 health assessment revealed the resident needs	{A 052}		

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{A 052}	Continued From page 5 assistance with self-administration of medications. On at 1:00 PM, Unlicensed Caregiver P stated she has completed the 6hr initial and 2hr annual update for assistance with self-administration of medications. The caregiver was asked why she didn't perform hygiene during the medication passes. The Unlicensed Caregiver stated she usually washed her when entering the residents' room before the medication pass but applied gloves in between each med pass. On at 12:25 PM, Unlicensed Caregiver Q failed to perform proper hygiene before, during or after the medication pass for resident #13. The unlicensed caregiver retrieved the medication from the medication cart, reviewed the MORs, informed the resident of her medication, prepared a cup of water, and pre-popped the 2 pills into the medicine cup. After completion of the medication pass, the unlicensed caregiver updated the MORS and proceeded to the next resident. Review of resident #13's 1823 health assessment revealed the resident needs assistance with self-administration of medications. On at 12:30 PM, Unlicensed Caregiver Q failed to perform proper hygiene before, during or after the medication pass for resident #14. The unlicensed caregiver retrieved the ensure from the medication cart located near the kitchen, reviewed the MORs, and continued with opening the ensure at the medication cart away from the resident, and placing a straw for drinking. The unlicensed caregiver took the	{A 052}		

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{A 052}	Continued From page 6	{A 052}		

ensure to the resident who was sitting in the common. She identified the resident by name, allowed the resident to take several sips from the container. Afterwards, she sat the ensure on the table next to the resident and walked away. Upon asking if she was done with the medication pass, she replied yes. Further stating, the resident can drink by herself, or she will ask for help. The resident was observed shouting, help me, help me requesting more of the ensure.

Review of resident #14's 1823 health assessment revealed the resident needs assistance with self-administration of medications.

On at 12:27 PM, observation revealed Unlicensed Caregiver L approach resident #14, retrieve the bottle of ensure from the table and allowed the resident to take several sips returning the bottle to the table.

On at 12:36 PM, Unlicensed Caregiver Q stated she completed the 6hr initial and 2hr annual update for assistance with self-administration of medications. The caregiver was asked why she didn't perform hygiene before the medication pass. She replied she washed her before the medication pass began for resident #13. However, she was unable to explain why she did not perform hygiene after resident #13 or before starting the medication pass for resident #14.

On at 10:50 AM, Licensed Practical Nurse (LPN) E was made aware of the improper medication passes performed by the caregivers. She explained, resident #14 takes a long time to drink her ensure especially since she's getting it after lunch. Adding, she will follow up with the

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{A 052}	Continued From page 7 physician and family to see if she still requires it. On at 12:18 PM, Unlicensed Caregiver X stated she assisted resident #14 because it was just ensure. Further to that, she was not aware that she was not able to help the resident drink the ensure. Adding, the resident takes a long time to drink it. On at 1:09 PM, the Executive Director, Administrator, Wellness Director and Business Office Manager confirmed the findings. Class III	{A 052}		