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
	AL11970310	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLESSING CARE RESIDENTIAL INC	591 NE 38TH ST DEERFIELD BEACH, FL 33064

(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, Complaint (#2025002995) and Generator Monitoring survey was conducted at Blessing Care Residential Inc. on . The facility had deficiencies at the time of the survey.	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	A 052		

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A 052	Continued From page 1 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 reason for administration requires judgment or	A 052		

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A 052	Continued From page 2 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 , 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	A 052		

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A 052	Continued From page 3 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: Based on observation, record reviews and staff interviews, it was determined that, the facility failed to provide appropriate assistance with the self-administration of medications for one of one sampled resident (Resident #1). The findings include:	A 052		

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A 052	Continued From page 4 On , at 9:45 AM, a review of the Medication Observation Records (MOR) revealed that the signature section for , was left blank. No staff member had documented that the residents received their medications scheduled for administration at 8:00 AM. This concern was immediately brought to the attention of the Administrator, who questioned Staff C. Staff C reported that she had assisted three of the four residents with their morning medications but had not yet given medication to Resident #1 because the resident was being attended to by the hospice aide. A review of the MOR indicated that Resident #1 was scheduled to receive the following medications at 8:00 AM: , Chewable Tablet 81 mg - take one tablet once daily for . , DR 250 mg Tablet - take one tablet by three times daily at 8:00 AM, 2:00 PM, and 8:00 PM for . , 10 mg - take one tablet once daily at 8:00 AM for . , 100 mg Tablet - take one tablet by twice daily at 8:00 AM and 8:00 PM. The Administrator was informed that staff must use the MOR during the medication-assistance process to prevent omissions and ensure accurate documentation. Despite this instruction, at 12:20 PM, Staff B was observed assisting Resident #1 with medication administration without using the MOR. Staff B removed Resident #1's , DR 250 mg Tablet from the medication cabinet, placed one pill in a plastic cup, and handed it to the resident, who swallowed it. Staff B did not verify the scheduled	A 052		

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A 052	Continued From page 5 administration time and did not document the medication on the MOR afterward. At 12:50 PM, during an interview, Staff B was reminded that she had failed to sign the MOR despite being instructed to follow proper procedures. Staff B stated that it had been a busy day and attributed the oversight to being overwhelmed. A review of the Health Assessment (AHCA Form 1823) dated , documented Resident #1's diagnoses as , , , and . The assessment indicated that Resident #1 required assistance with the self-administration of medications. During the exit meeting on , at 3:00 PM, these findings were presented to the Administrator, who acknowledged the issues and offered no further information. Class III	A 052		
A 054	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	A 054		

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A 054	Continued From page 6 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 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 interviews, it was determined that the facility did not immediately sign the medication observation records (MOR) of 4 of 4 sampled residents (Residents #1, 2, 3, & 4) after assisting them to take their medications. The findings included: On at approximately 9:45 AM the Surveyor requested the MOR for review. Review of MOR with photographic evidence retained revealed there were multiple sections that were not sign to indicate administration of medications had occurred. The MOR indicated that Resident #1, 2, 3 and 4 were scheduled to receive the following medications: Resident #1:	A 054		

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A 054	Continued From page 7 - , DR 250 mg Tablet - take one tablet by three times daily at 8:00 AM, 2:00 PM, and 8:00 PM for . No signature entered for the dose given at 8:00 PM on . - , 100 mg Tablet - take one tablet by twice daily at 8:00 AM and 8:00 PM, No signature entered for the dose given at 8:00 PM on . Resident #2: - 12% Cream 1 application , , twice a day. No signature on at 8:00 AM. - , Succ ER 50 mg tab. Take 1 tablet by daily. No signature on at 8:00 AM. Resident #3: - , 10 mg tablet. Take 1 tablet by twice daily at 8:00 AM /8:00 PM (No signature entered for the dose given at 8:00 PM on). - 5 mg tabs. Take 1 tablet by every day in the morning (No signature entered for the dose given at 8:00 AM on). Resident #4: - 1 MG TABLET. TAKE 1 TABLET BY EVERY NIGHT AT 8:00 PM. No signature on at 8:00 AM - 5 MG TABLET TAKE 1 TABLET BY EVERY DAY FOR AGITATION. No signature on at 8:00 AM -ASIRIN 81 MG CHEWABLE TABLET. CHEW AND SWALLOW 1 TABLET BY ONCE DAILY FOR THE . - 20 MG. TAKE 1 TABLET BY EVERYDAY AT BEDTIME FOR REDUCING - . No signature on	A 054		

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A 054	Continued From page 8 at 8:00 AM - 5 MG TAKE 1 TABLET BY TWICE A DAY FOR THE . No signature on at 8:00 PM and on 8:00 AM. - 20 MG TABLET. TAKE 1 TABLET BY EVERY DAY FOR FLUID RETENTION. No signature on at 8:00 AM - 5 mg tablet take 1 tablet by every day 8:00 am. no signature on . - 81 mg chewable tablet. Take 1 tablet by once daily at 8:00 AM. No signature on at 8:00 AM. - 50 mg tablet take one tablet by daily for . No signature on , and 8:00 AM, No signature on and at 8:00 PM. On at 9:45 AM, the Administrator was advised that staff must use the MOR during the medication-assistance process to prevent omissions and ensure accurate documentation. Despite this instruction, at 12:20 PM, Staff B was observed assisting Resident #1 with medication administration without using the MOR. Staff B did not verify the scheduled administration time and did not document the medication on the MOR afterward. At 12:50 PM, during an interview, Staff B was reminded that she had failed to sign the MOR despite being instructed to follow proper procedures. Staff B stated that it had been a busy day and attributed the oversight to being overwhelmed. During the exit meeting on , at 3:00 PM, these findings were presented to the Administrator, who acknowledged the findings and offered no further information.	A 054		

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A 054	Continued From page 9 Class III	A 054		