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
	AL11968618	A. BUILDING: _____ B. WING _____	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAMPERED PARENTS ALF, INC	6 SETON CT PALM COAST, FL 32164

(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 abbreviated relicensure survey was conducted at Pampered Parents Assisted Living Facility on 4/2/26. There were deficiencies identified at the time of the survey.	A 000		
A 052	429.256(3-5); 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 insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen 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 hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth. (d) Applying topical 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 nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer. (4) Assistance with self-administration of medication does not include: (a) Mixing, compounding, converting, or calculating 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 cavity of the body. (d) Administration of parenteral preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with rectal, urethral, or vaginal 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 18 years of age 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 infection 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 review, and interview, the facility failed to provide medications as ordered, and failed to perform hand hygiene during assistance with self-administration of medication, for 2 of 2 residents observed for assistance with self-administration of medication (Residents #3 and #4).	A 052		

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A 052	Continued From page 4 The findings include: During an observation on 4/2/26 at 1:30 pm, the Administrator was preparing medication to assist Resident #3 with self-administration of medication. She obtained one tablet of Trazadone 50 mg (milligrams) for anxiety, one tablet of Acetaminophen 325 mg for pain, and one tablet of Divalproex 125 mg for agitation. She popped the medication in a small medication glass and placed it in the resident's mouth. She signed the Medication Observation Record (MOR) under March instead of April. (Photographic evidence obtained). The Administrator did not perform hand hygiene before and after assisting with medication. Review of the MOR revealed the order for Acetaminophen 325 mg was for tab three times a day as needed (PRN) for pain. Resident #3 was not observed asking for the PRN medication for pain. During an observation on 4/2/26 1:40 pm, the Administrator was observed preparing medication for Resident #4. She obtained one tablet of Lorazepam 0.5 mg for anxiety, half of a Trazadone 50 mg tablet for anxiety, and one tablet of Acetaminophen. She popped the medications in her bare hands and placed them in a small glass. She then provided hand over hand assistance to place the medication in the Resident's mouth. One tablet of Acetaminophen dropped on the bed. The Administrator picked the pill and discarded in the trash can. She did not perform hand hygiene before and after assisting with medication. She signed the MOR under the Month of March. Review of the MOR revealed the order for	A 052		

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A 052	Continued From page 5 Acetaminophen 325 mg was for 2 tabs every 8 hours as needed for pain. The resident was not observed voicing that she was in pain and refused to have the Administrator give her another pill when it dropped. In an interview with the Administrator on 4/2/26 at 2:00 pm, she confirmed that the Acetaminophen for both Resident #3 and #4 were ordered as needed. She stated that she preferred to provide the PRN pain medication to keep residents comfortable as they were under hospice services. She also confirmed that she did not perform hand hygiene and she placed the medication directly in Resident #3's mouth. A review of the medication training record for the Administrator revealed that she received 6 hours of training for nonlicensed medication technicians on 3/26/25. There was no training updates on file. Further review of the facility schedule revealed that the Administrator worked several 24 hrs shifts per week by herself (Photographic evidence obtained). A follow up interview was conducted on 4/2/26 at 2:30 pm, and the Administrator stated that she had been away and forgot to print the April MOR. She also confirmed that she had not updated that her medication training. Class III	A 052		