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
	AL11966287	A. BUILDING: _____ B. WING _____	04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INN AT LA POSADA	3600 MASTERPIECE WAY PALM BEACH GARDENS, FL 33410

(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 with Extended Congregate Care (ECC) and Generator Monitoring survey was conducted on at Inn At La Posada. The facility had deficiencies related to the relicensure identified at the time of the survey.	A 000		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the	A 056		

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A 056	Continued From page 1	A 056		

health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.
(d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.
(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package,

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A 056	Continued From page 2 they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews it was determined that the facility failed to ensure that a change in medication directions was updated on both the Resident's medication observation record and the medication bottle in a timely manner in 1 out of 2 sampled residents (Resident 7.) The findings included: On at approximately 9:05am Surveyor observed medication pass from Staff B (Licensed Practical Nurse) to Resident 7. Resident was observed to take her scheduled morning medications including , , (, / ,) Caps 36.25mg/145mg. On a review of the medication bottle , , listed the following: , , Caps 36.25mg/145mg Take 1 capsule three times a day on an empty	A 056		

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A 056	Continued From page 3 On a review of the electronic medication observation record (EMOR) listed the following: , , ER 36.25 - 145 MG CAP 1 capsule by three times per day On at approximately 9:30am in interview with Staff B, it was confirmed that breakfast was served and Resident ate a meal prior to medication pass; however, per , , bottle, the medication must be taken on an empty . Surveyor advised that mismatch between medication label and EMOR would need to be clarified. On a review of paper Medication Observation Record (MOR) provided by Staff D (Resident Care Manager) revealed an additional mismatch - , , is listed as Extended Release (ER) on orders and but not listed as ER on bottle. On at approximately 11:30am in interview with Staff E (Memory Care Manager), she provided an updated telephone order in chart for change in medication . When asked who is responsible for ensuring that medication dosage and directions match across orders, medication package and MOR, she reported that a nurse is responsible. She identified there are two nurses covering the Memory Care Unit - one on each shift. She reported there may have been a reorder placed and will look for an updated medication bottle. On at approximately 11:45am in interview with Staff E, she advised she was unable to locate medication bottle matching the updated order. Surveyor inquired about the order and MOR reflecting Extended Release but this specification missing on the bottle. Staff E acknowledged mismatch. She reported plan to	A 056		

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A 056	Continued From page 4 contact resident's primary care provider to clarify medication type, dose and directions and then have medication repackaged or orders updated. On in exit interview with Staff E and Staff D at approximately 4:00pm, they were informed of the concerns regarding medication directions for use not matching the EMOR and the medication label. Both acknowledged the findings. Class III	A 056		
A 082	59A-36.011(4) FAC Training - / (4) . . / . (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure direct care staff had completion of . . ( ) training for for 1 out of 4 sampled staff (Staff I). The findings included: Review of the facility's personnel file for Staff I	A 082		

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A 082	Continued From page 5 with hire date of revealed training was not completed. During an interview on at approximately 4:00PM a team of surveyors met with the Health and Wellness Coordinator they were informed of the finding mentioned above. They acknowledged the findings. No additional documentation was provided during the survey. Class	A 082		
A 090	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure direct care staff had completion of 1-hour training for ( ) for 1 out of 4 sampled staff (Staff I).	A 090		

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A 090	Continued From page 6 The findings included: Review of the facility's personnel file for Staff I with hire date of revealed 1-hour required training was not completed. During an interview on at approximately 4:00PM a team of surveyors met with the Resident Care Manager and the Director of Nursing they were informed of the finding mentioned above. They acknowledged the findings. No additional documentation was provided during the survey. Class	A 090		