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
	AL11965462	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF TAMARAC	6855 NW 70TH AVENUE TAMARAC, FL 33321

(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 Assisted Living Facility standard biennial licensure survey with Extended Congregate Care (ECC) was conducted on 09/18 - 09/19. of Tamarac, had licensure deficiencies found at the time of the visit.	A 000		
A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least 18 to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented	A 052		

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A 052	Continued From page 1	A 052		

in the resident ' s record.
(d) When a resident who receives assistance with 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 which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or 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;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration 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

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A 052	Continued From page 2	A 052		

route.
(c) Administration of medications through intermittent positive pressure breathing machines or a
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) , , or preparations.
(h) 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 at the request of a competent resident.
(i) 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.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review, it was determined the facility failed to ensure appropriate steps are followed when a resident requires assistance with self-administered medications, for 1 out of 15 sampled residents (Resident #1).

The findings include:

Review of Resident #1's Health Assessment dated documented the resident requires assistance with self-administration of medications. The physicians order noted Oscal 500 mg tablet, three times a day. Review of the Medication Observation Records (MORs) for the month of 2012, documented the

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A 052	Continued From page 3	A 052		

resident received assistance with this medication at 8 AM, 12 PM, and 4 PM daily by the staff. Observations of the Med Tech on . . . at approximately 12:10 PM, in the 300 unit in the Supportive Care Dining . . . the Med Tech crushed Resident #1's medication 500 mg tablet). Next the Med-Tech went to the resident sitting at the table and mixed the medication in pudding. Then, she called loudly to the resident who did not open eyes or respond to the Med Tech. The Med Tech then proceed to give the resident the mixture (crushed medication in pudding) with a spoon by mouth, a total of 7 spoonfuls were administered into the resident's mouth. The resident did not open eyes or assist the Med Tech in taking this medication. During an interview with the Med Tech on 09/18/2012 at 12:15 PM, she reported the resident could not assist and confirmed the resident did not open eyes or respond to assist in any way. During an interview with the Director of Resident Care at approximately on . . . at 1:00 PM, she stated the resident does not require medication administration. It was reported the resident is capable of of taking the medication with assistance. According to the Director of Resident Care the Med Tech was supposed to get nurse on duty if the resident couldn't assist. On . . . at 12:10 PM, the resident was observed awake and being provided assistance with this medication and did not require medication administration of this medication. An interview with the Director of Resident Care on . . . at approximately 1 PM, revealed the resident does not require medication administration and that the resident on prior day could have been awakened to provide assistance with self-administered medications.

Class III

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A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall 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 shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical the facility shall, 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 observation, interview and record review, the facility failed to ensure the accurate self-administration and documentation on the Medication Observation Record (MOR) for 1 out of 15 residents observed during medication observation pass on . (Resident #2).	A 054		

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A 054	Continued From page 5 The findings include: Review of the physician orders for Resident #2 revealed an order on 01/09 "Tylenol mg; take 2 tablets by mouth (1000 mg) three times a day". Review of the MOR s for the month of September revealed the medication was provided to the resident at 8 AM, 12 PM, and 4 PM. Observation of the Med Tech providing assistance with self-administration of the medication on 09/1 approximately 12:20 PM revealed the Med Tech prepared one tablet of Tylenol mg from the bottle (Tech says family brought it in). The surveyor asked if there was only one tablet in the souffle cup and the Med Tech reported "yes" and confirmed she was only giving the one tablet. The Med Tech went to the resident and made several attempts for the resident to take the Tylenol and the resident eventually took it from a spoon. The Med Tech verbally told the resident there was only one pill to take. The Med Tech signed the MOR that the medication was provided to the resident. When asked by the surveyor if she was done, she reported that she was finished with the noon medication for this resident. Further interview with the Med Tech revealed that all the noon medications for this resident were provided so she had signed the MOR as completed. The resident had been provided 1/2 the required dose of the Tylenol. III	A 054		
A 092 SS=D	FAC Food Service - General Responsibilities Food Service Standards.	A 092		

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A 092	Continued From page 6 (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets. (d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, the facility failed to ensure that the Food Service Management Staff and Dietary Staff performed his/her duties in a sanitary manner. The findings include: During the initial kitchen tour, on 09/1 at 10: 00 AM, accompanied by Director of Food & Beverage and the Consultant Dietitian, the Main Kitchen was inspected. The following kitchen sanitation issues were identified: 1. In the reach-in refrigerator there were issues with the following foods which were outdated and some left uncovered: Egg noodles observed in a pan, was left uncovered with no date; elbow macaroni was dated 09/1 days previously; a pan of gravy was dated 09/1 large container of eggs	A 092		

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A 092	Continued From page 7 was dated , from 5 days previously and a pan of sausages had no date, so there was no way of knowing how long it had been stored. 2. The holder for the can opener was noted to be sticky with blackened food debris on inside. 3. The mixer had brown & white debris on inside of the bowl. The mixing paddle was stored at the base of the mixer and was in contact with dust and food debris. 4. The Robot Coupe blender had dried food debris smeared on the inside. 5. Three cutting boards were heavily scored, which can lead to food and getting trapped in the grooves and not able to be adequately cleaned and sanitized. 6. Ice machine blue scoop holder had about 1/2 inch of water puddle which was in contact with the tip of the ice scoop. There was also some dried food debris on the side of the scoop holder. Class III	A 092		
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of	A 093		

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A 093	Continued From page 8	A 093		

standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows:
1. Protein: 6 ounces or 2 or more servings;
2. Vegetables: 3 5 servings;
3. Fruit: 2 4 or more servings;
4. Bread and starches: 6 11 or more servings;
5. Milk or milk equivalent: 2 servings;
6. Fats, oils, and sweets: use sparingly; and
7. Water.

(c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.

(d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be

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A 093	Continued From page 9	A 093		

kept on file in the facility for 6 months.
(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of calculating time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.

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A 093	Continued From page 10	A 093		

(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review, the facility failed to provide a nutritious and balanced menu plan for residents receiving a pureed diet who were ordered this therapeutic diet by their health care providers for all seven (7) residents receiving pureed diets in the facility.
The findings include:
The lunch preparation observation was conducted in the kitchen on , starting at 12 Noon. Review of the menu revealed that the residents on regular diets should receive bread with lunch and the residents prescribed pureed diets should receive pureed bread. The menu also documented that residents on regular diets should receive cake and residents on pureed diets should receive pureed cake.
However, it was observed that residents on pureed diets were not provided pureed bread, and given pudding instead of the pureed cake as

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A 093	Continued From page 11 documented on the menu. An interview was conducted with the Director of Food & Beverage on [redacted] at 12:15 PM. He confirmed the findings and stated that the residents on pureed diets were getting plenty of food and did not need the extra bread. With regard to the pureed dessert, he stated that the residents on pureed diets are usually given pudding, because it is already pureed. Class III	A 093		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Harborchase of Tamarac
6855 Nw 70th Avenue
Tamarac, FL 33321

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 and , 2012 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2012 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at .

Sincerely,

for Arlene Mayo-Davis
Field Office Manager
Division of Health Quality Assurance

AMD/
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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Delray Beach, FL 33484
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