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
	AL11967075	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWEET PARADISE ELDERLY HOME INC	4986 E 9 LANE HIALEAH, FL 33013

(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 A Complaint (CCR# 2013000076) Investigation Survey was conducted on , 2012 at Sweet Paradise Elderly Home Inc with Limited Mental Health and Limited Nursing Services components.	A 000		
A 052 SS=G	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 , , trained 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 in the resident ' s record.	A 052		

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A 052	Continued From page 1 (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 route.	A 052		

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A 052	Continued From page 2 (c) Administration of medications through intermittent positive pressure breathing machines or a [redacted]. (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of [redacted] preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) [redacted], or [redacted] 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, record review and interview, facility's staff (#3 failed to ensure a nurse was able to do the preparation of syringes for injection or the administration of medications by any injectable route for 1 out of 3 (#3) sample residents. Findings include: On [redacted] at 10:15 a.m., interviewed resident #3 about the care he is receiving at Sweet Paradise Elderly Home Inc., he stated "The staff is nice, they are very nice " . When asked who administers his [redacted] he stated, " They (staff) do the finger prick for me, then they (staff) prepare the shot, for me I can ' t see the letters, they give it to me and I give it to myself. "	A 052		

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A 052	Continued From page 3 Record review of the admission and discharge log and resident #3 file indicates he was admitted to facility on . There is no documentation of resident #3 receiving home health services and a nurse assisting with administration. Record review on the medication observation book (MOR) indicates the facility ' s staff have been giving resident #3 the injections. They have been initialing the book from through . The MOR indicates that Lantus 20 units were given at 8 p.m. and was given at 8 a.m., 12 p.m., 4 p.m. Record review of staff #1 who was hired on and background screening, status eligible, screening date . Medication Management 4 hours training dated Signed by an registered nurse. Record review of staff #2 who was hired on and background screening, status eligible, screening date . Medication Management 4 hours training dated Signed by an registered nurse. Record review of staff #3 who was hired on and background screening, status eligible, screening dated . Medication Management 4 hours training dated Signed by an registered nurse. Record review of staff #4 who was hired on and background screening, status eligible, screening date . Medication Management 4 hours training dated Signed by an registered nurse. On @ 11:50 am, record review of all	A 052		

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A 052	Continued From page 4 personnel records files contained no documentation that staff has any licenses. On , 2013 at 12:42 p.m. we observed staff #2 place gloves on her hands went into the refrigerator where the vials are stored. Staff #2 drew the from vial into the syringe. Then she walked from the kitchen to the front outside patio area with drawn. The resident did his own finger prick. Staff #2 handed to resident #3 the syringe. The resident injected himself with the . Class II	A 052		
A 053 SS=G	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider ' s order or prescription label. (b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record. (c) Medication administration includes the conducting of any examination or testing such as glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff. (d) A facility which performs clinical laboratory tests for residents, including glucose testing, must be in compliance with the federal	A 053		

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A 053	Continued From page 5 Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, facility did not provide medication administration a staff member, who is licensed to administer medications for 1 out of 3 (#3). Findings include: On at 10:15 a.m., interviewed resident#3 about the care he is receiving at Sweet Paradise Elderly Home Inc., he stated " The staff is nice, they are very nice " . When asked who administers his he stated, " They (staff) do the finger prick for me, then they (staff) prepare the shot, for me I can ' t see the letters, they give it to me and I give it to myself. " Record review of the admission and discharge log and resident #3 file indicates he was admitted to facility on . There is no documentation of resident #3 receiving home health services and	A 053		

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A 053	Continued From page 6 a nurse assisting with administration. Record review on the medication observation book (MOR) indicates the facility ' s staff have been giving resident #3 the injections. They have been initialing the book from through . The MOR indicates that Lantus 20 units were given at 8 p.m. and was given at 8 a.m., 12 p.m., 4 p.m. Record review of staff #1, who was hired on and background screening, status eligible, screening date . Medication Management 4 hours training dated Signed by an registered nurse. Record review of staff #2, who was hired on and background screening, status eligible, screening date . Medication Management 4 hours training dated Signed by an registered nurse. Record review of staff #3, who was hired on and background screening, status eligible, screening dated . Medication Management 4 hours training dated Signed by an registered nurse. Record review of staff #4, who was hired on and background screening, status eligible, screening date . Medication Management 4 hours training dated Signed by an registered nurse. On @ 11:50 am, record review of all personnel records files contained no documentation that staff has any licenses. On , 2013 at 12:42 p.m. we observed staff #2 place gloves on her hands went into the refrigerator where the vials are stored. Staff #2 drew the from vial into the syringe. Then she walked from the kitchen to the front outside patio area with drawn. The	A 053		

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A 053	Continued From page 7 resident did his own finger prick. Staff #2 handed to resident #3 the syringe. The resident injected himself with the Class II	A 053		
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 [illegible] 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 [illegible], 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:	A 054		

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A 054	Continued From page 8 Based on observation, record review and interview, facility failed to properly maintain a daily medication observation record (MOR) for 1 out of 3 (#3) residents who receive medication administration. Findings include: Record review of the admission and discharge log and resident #3 file indicates he was admitted to facility on . There is no documentation of resident #3 receiving home health services and a nurse assisting with administration. Record review on the medication observation book (MOR) indicates the facility ' s staff have been giving resident #3 the injections. They have been initialing the book from through . The MOR indicates that Lantus 20 units were given at 8 p.m. and was given at 8 a.m., 12 p.m., 4 p.m. On at 10:15 a.m., interviewed resident #3 about the care he is receiving at Sweet Paradise Elderly Home Inc., he stated " The staff is nice, they are very nice " . When asked who administers his he stated, " They (staff) do the finger prick for me, then they (staff) prepare the shot, for me I can' t see the letters, they give it to me and I give it to myself. " Class III	A 054		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is	A 056		

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A 056	Continued From page 9 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. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person 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 shall 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 shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist. (d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the	A 056		

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A 056	Continued From page 10 revised directions for use in the MOR, or obtain a revised label from the pharmacist. (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 copy of a signed order is acceptable. (f) The facility shall 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 64F-12.006, 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 shall also 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, they shall 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 shall provide the resident with a written prescription, or a fax copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review and	A 056		

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A 056	Continued From page 11 interview facility failed to obtain labeled medications for 1 out of 3 sampled residents (#3). Findings include: Toured the kitchen closet with emergency food and small refrigerator for medication which require refrigeration. Medications found were .....0.083% Inh Sol expires for Hernandez Armando, , Aspart, Human 5 units 3X day & .....,Glargine , Human 20 units at bedtime for resident #3, 2 bottles of Major suppositories and one has the staff #2 written on it. The other has no label. A bottle of Solution USP , Advance, and ..... with no label. Interview on at 8:05 a.m. with administrator and owner stated, The suppositories is for the staffand will remove them and place them somewhere else." Class III	A 056		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sweet Paradise Elderly Home Inc
4986 E 9 Lane
Hialeah, FL 33013

Dear Administrator:

Re: CCR #2013000076

This letter reports the findings of a state complaint survey that was conducted on , 2013 by representative(s) 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 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

Headquarters
2727 Mahan Drive
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