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
	AL11965185	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADVIEW ASSISTED LIVING FACILITY	2310 ABBIE LANE PENSACOLA, FL 32514

(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 biennial and an Extended Congregate Care (ECC) survey was conducted at Broadview Assisted Living Facility, Pensacola on [redacted]. At the time of survey the facility had deficient practice cited.	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 [redacted] 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		

Agency for Health Care Administration

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A 052	Continued From page 1	A 052		

(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 measuring 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.

Agency for Health Care Administration

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A 052	Continued From page 2	A 052		

(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, staff interview and record review unlicensed staff were administering medications to 2 of 5 sampled residents, (# 14, 15) and providing treatment to 1 of 1 sampled resident #12. Unlicensed staff were also administering medication to all the residents (15) on the Memory Care Unit.
The findings are:
1. Medical Tech (MT) (#2) was observing administering medications to resident #15 on the Memory Care Unit. On at 4:07 pm MT #2 was in the locked medication the medication cart was located. She dispensed one 20 milligrams into a souffle cup. She then took the cup outside the medication the resident who was watching television. She gave the medication in the souffle cup to the

Agency for Health Care Administration

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A 052	Continued From page 3	A 052		

resident. The resident took the medication. MT #2 did not take the medication container with the label to the resident and she did not assist or explain the medication to the resident.
Record review of the most current health assessment for resident #15 indicated a diagnosis of [redacted] and order for staff to assist with self administration of medications.
2. MT # 2 was observed administering medication to resident #14 on [redacted] at 4:15 pm on the Memory Care Unit. MT #2 dispensed two 325 milligrams into a soufflé cup, and then took it to the resident. MT #2 did not take the medication container with the label to the resident and did not assist the self-administration.
Record review of the most current health assessment for resident #14 indicated a diagnosis of [redacted] and order for staff to assist with self-administration of medications.
Interview with MT #2 on [redacted] at 4:14 pm stated residents #14 and 15 had diagnosis of [redacted] and is not aware enough to understand what is going on; she's in the Memory Care unit.
3. Observation during tour of the Memory Care Unit, during medication pass on the Memory care unit and dining observation noted resident's in a locked unit. Residents were seen wandering and [redacted]. Interview with staff #1 at approximately 4 pm on [redacted] indicated the residents on the memory unit are there because of [redacted] wandering and memory problems. Staff # 2 and #3 confirmed the unit is for residents that wander, have [redacted] and are not aware enough to understand what is going on. Further interview noted med tech pass medications to the [redacted] residents on the Memory Care Unit and licensed practical nurses pass medications to residents on the other units. Interview with director of wellness on [redacted] at 1:30 pm stated she thought the residents on the

Agency for Health Care Administration

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A 052	Continued From page 4 unit were capable of taking their medications with assistance but was not sure if they were cognizance enough to understand what medications they were taking and what for. Class III	A 052		
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:	A 054		

Agency for Health Care Administration

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A 054	Continued From page 5	A 054		

Based on record review and staff interview the facility failed to follow physician's orders by not having medications available for 7 of 19 residents sampled. (#12, 14, 15, 16, 17, 18, 19).
The findings are:
1. Review of medication observation record (MOR) for resident #12 indicated an order for cream three times a day. According to the record the medication was not given The MOR indicated the medication was not available.

2. Review MOR for resident #14 noted an order for 10 mg daily. According to the record the medication was not available and not given on from with comments on back saying med on order. Review of the health assessment dated noted a diagnosis of and assistance with medications.

3. Review of medication observation record (MOR) for resident #15 noted an order for 20 milligrams (mg). According to the record the medication was not available on and , notes on the back of the record noted " med not given, med on order ". Medication 500 MCG was not given on and due to med on order. Review of health assessment (HA) dated indicated a diagnosis of and assist with medication administration due to

4. Review of MOR for resident #16 noted an order for 0.1 mg one ever 12 hours. According to record the resident did not receive the medication from The back of the MOR indicated the medication was on order. HCTZ was not given and . The back of the MOR

Agency for Health Care Administration

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A 054	Continued From page 6	A 054		

indicated medication on order. 25 mg one daily was not given on with reason medication on order. Review of the health assessment dated indicated a diagnosis of and order to assist with medications.
5. Review of MOR for resident #17 noted an order for Cuduet 10 mg one daily and was not given . On the back of the MOR noted the medication was on order. Review of health assessment dated indicated a diagnosis of with an order to assist with medications.
6. Review of MOR for resident #18 noted an order for 25 mg daily. According to the MOR the medication was not given and was not available on Review of health assessment dated with a diagnosis of and assistance with medications.
7. Review of MOR for resident #19 indicated an order to give 50 mcg one daily. The medication was not given and was not available on was drawn for level was with in normal range. No additional labs have been ordered and the record did not reflect any change in condition. Review of the health assessment indicated a diagnosis of and order to assist with medications.
Interview with the Director of Wellness on at 9:51 am about why medications were not available for residents. She stated some resident receive their medications from VA. Sometime the medications are not delivered in a timely manner. She indicated they order the medications 2 weeks ahead of time. She indicated they have a back up pharmacy but they can't get the scripts from VA for them to be filled.
Class III

Agency for Health Care Administration

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A 089	Continued From page 7	A 089		
A 089 SS=D	429.178 FS - Special Care	A 089		

Special care for persons with or other related
(1) A facility which advertises that it provides special care for persons with or other related must meet the following standards of operation:
(a)1. If the facility has 17 or more residents, have an awake staff member on duty at all hours of the day and night; or
2. If the facility has fewer than 17 residents, have an awake staff member on duty at all hours of the day and night or have mechanisms in place to monitor and ensure the safety of the facility ' s residents.
(b) Offer activities specifically designed for persons who are cognitively
Have a physical environment that provides for the safety and welfare of the facility ' s residents.
(d) Employ staff who have completed the training and continuing education required in subsection (2).
(2)(a) An individual who is employed by a facility that provides special care for residents with Alzhei other related disorders, who has regular contact with such residents, must complete up to 4 hours of initial dementi training developed or approved by the department. The training shall be completed within 3 months after beginning employment and shall satisfy the core training requirements of s. 429.52(2)(g).
(b) A direct caregiver who is employed by a facility that provides special care for residents with Alzhei other related disorders, who provides direct care to such residents, must complete the required initial training and 4 additional hours of training

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A 089	Continued From page 8	A 089		

developed or approved by the department. The training shall be completed within 9 months after beginning employment and shall satisfy the core training requirements of s. 429.52(2)(g).
(c) An individual who is employed by a facility that provides special care for residents with 's or other related , but who only has incidental contact with such residents, must be given, at a minimum, general information on interacting with individuals with or other related within 3 months after beginning employment.
(3) In addition to the training required under subsection (2), a direct caregiver must participate in a minimum of 4 contact hours of continuing education each calendar year. The continuing education must include one or more topics included in the -specific training developed or approved by the department, in which the caregiver has not received previous training.
(4) Upon completing any training listed in subsection (2), the employee or direct caregiver shall be issued a certificate that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different facility. The employee or direct caregiver must comply with other applicable continuing education requirements.
(5) The department, or its designee, shall approve the initial and continuing education courses and providers.
(6) The department shall keep a current list of providers who are approved to provide initial and continuing education for staff of facilities that

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A 089	Continued From page 9	A 089		

provide special care for persons with ... s ... or other related
(7) Any facility more than 90 percent of whose residents receive monthly optional supplementation payments is not required to pay for the training and education programs required under this section. A facility that has one or more such residents shall pay a reduced fee that is proportional to the percentage of such residents in the facility. A facility that does not have any residents who receive monthly optional supplementation payments must pay a reasonable fee, as established by the department, for such training and education programs.
(8) The department shall adopt rules to establish standards for trainers and training and to implement this section.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the Assisted Living Facility failed to ensure 2 of 3 staff members completed the required ... s training (staff member #2 and #3).

Findings include:
1) A review of resident Assistant/Med Tech, staff member #2's, personnel file revealed: Her hire date as ... There were no evidence of the initial 4 hours of ... Training Level I which was due ..., 2012.
2) A review of License Practical Nurse, Staff member #3's personnel file revealed: Her hire date as ... There were no evidence her additional 4 hours of ... Training Level II which was due ..., 2013.
3) On ... at 11:30AM an interview was conducted with the Office Manager. She confirmed staff members 2 and 3 ...

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A 089	Continued From page 10 training was not in their personnel files. She stated the staff members are schedule for the ... training in ... 2013. Class III	A 089		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident ... sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident ... to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use.	A 152		

Agency for Health Care Administration

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A 152	Continued From page 11 (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observation, staff interview the facility failed to provide a safe clean environment to prevent the spread of for residents of the Memory Care Unit. The findings are: Dining on the Memory Unit was observed on at 4:45 pm. Staff member #2 was observed serving residents supper. At 5:15 pm she was seen cleaning tables with gloves on. She then dipped and served dessert with the same gloves on touching the clean plate and utensils. She then began cleaning tables again without changing gloves. Interview with director of wellness on at 10:15 am stated staff are trained on control and confirmed the findings. Class III	A 152		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Broadview Assisted Living Facility
2310 Abbie Lane
Pensacola, FL 32514

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2013 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 2013 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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