

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967639	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER HILL VIEW ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3854 HIGHWAY 2 GRACEVILLE, FL 32440		
(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 On _____, 2013 thru _____ at Hill View Assisted Living Facility, an unannounced Standard biennial survey was conducted. There were deficiencies found at the the time of 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 _____ 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. (d) When a resident who receives assistance with	A 052		

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0999

E5E011

If continuation sheet 1 of 12

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A 052	Continued From page 1 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. (c) Administration of medications through	A 052		

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A 052	Continued From page 2 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 observations and interviews, the Assisted Living facility failed to perform assistance with self-administration of medication appropriately by allowing unlicensed nursing staff members to make nursing judgment and dial _____ pens for 1 of 5 resident's (#4). Findings include: 1) On _____ an interview was conducted with staff member B about 12:40 PM. Staff member B reported resident #4 is uses a sliding scale and resident #4 checks her _____ glucose level. Staff member B stated she looks up the correct amount of _____ on the sliding scale and dials the correct amount on the _____ pen. Staff member B stated she shows resident #4 the amount and resident #4 gives her own shot. 2) On _____ about 7:15 AM observed the Med Tech (Staff A) check resident #4's _____ Glucose	A 052	

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A 052	Continued From page 3 by pricking her finger. The Glucose monitor reading was 103. The Staff A dialed 12 units on resident #4's _____ pen labeled Lantus _____ 100 units/ml. Staff A then stated "alright sweetie" and handed the _____ pin to resident #4. Resident #4 self injected the _____ in the stomach. 3) On _____ an interview was conducted with staff A about 8:38 AM. She stated she has been assisting resident #4 with dialing her _____ pen for about a year since resident was admitted to the facility. Staff A reported resident #4 probably could dial her own pen but she is afraid resident #4 may dial too much of a dose because of her _____ Class III A 084 58A-5.0191(5) FAC Training - Assis Self-Admin SS=D Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of	A 052	

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A 084	Continued From page 4 taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including: a. Assist with oral dosage forms, _____ dosage forms, and _____ and nasal dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; and g. Recognize the general signs of adverse reactions to medications and report such reactions. (c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of	A 084		

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A 084	Continued From page 5 continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist. This Statute or Rule is not met as evidenced by: Based on interviews, observation and record reviews the Assisted Living facility failed to ensure 2 of 2 unlicensed staff members obtain 2 hours of continuing education training for assistance with self-administration of medication annually (A and B). Findings include: 1) On about 12:40 PM an interview was conducted with staff member B. Staff member B stated she has not had her 2 hours of continuing education training for assistance with self-administration of medication. Date of hire for staff B was 2) On about 7:15 AM staff member A was observed providing resident #4 with assistance with self-administration of medication inappropriately. 3) On about 8:38 AM an interview was conducted with staff member A. Staff member A confirmed she has not had any updated medication training since her initial 4 hours assistance with self-administration of medication training. Date of hire for staff A was 4) A review of staff member A and B's records revealed no evidence of their 2 hours of continuing education for assistance with self-administration of medication training. 5) On about 2:02 PM an interview was conducted with the Administrator. The Administrator confirmed staff members A and B's	A 084	

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A 084	Continued From page 6 records did not have the training update. She stated "if certificate was not in the staff member's records, then they have not had the 2 hours update medication training". Class III	A 084		
A 090 SS=D	58A-5.0191(11) FAC Training - Do Not Orders (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 _____ within 60 days after the effective date of this rule. (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 58A-5.0186, F.A.C.	A 090		
	This Statute or Rule is not met as evidenced by: Based on record reviews and interview the Assisted Living Facility failed to ensure 2 of 2 staff members received _____ _____ training (staff member A and B). Findings include: 1) A record review of staff member's A and B revealed: Staff member A was hired on _____ and there were no evidence of _____ training in her records. Staff member B was hired on _____			

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A 090	Continued From page 7 and there were no evidence of training in her records. The facility's policies and procedures revealed no evidence of training. 2) On _____ about 2:15PM an interview was conducted with the Administrator. She stated "I don't have that training and didn't know it was part of the required training." "I only have a couple of residents with a _____ The Administrator reviewed the facility's policies and procedures and confirmed staff members A and B did not received the _____ training. Class III	A 090		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider's orders for medications, nursing services, therapeutic diets, _____ or other services to be provided, supervised, or implemented by the	A 162		

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A 162	Continued From page 8 facility that require a health care provider ' s order. (d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C. (e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually. (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract. (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S. (k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S. (l) A copy of Alternate Care Certification for	A 162		

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A 162	Continued From page 9 Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services. (m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C. (o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident's contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by	A 162	

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A 162	Continued From page 10 contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record reviews and interviews the Assisted Living Facility failed to keep a weight record for 1 of 2 residents (#4). The facility also failed to ensure 1 of 2 residents signed an inform consent allowing unlicensed staff to assist with self-administration of medication(#4). Findings include: 1) On _____ about 7:15 AM observed unlicensed staff member A provide assistance to resident #4 with self- administration of medication inappropriately. 2) A review of resident #4's record revealed: Resident #4 was admitted to the facility on _____ and her Health Assessment form (1823) specified assistance with Activities of Daily Living (ADL's) were needed. Also resident #4 needed assistance with self- Administration of Medication. There were no evidence of a weight record or a consent form for unlicensed staff to assist with self- administration of medication in resident#4's records. 3) On _____ about 11:27 AM an interview was conducted with the Administrator. She stated they do not keep track of resident #4's weight because they did not have a doctor's order. The Administrator confirmed after reviewing resident	A 162		

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A 162	Continued From page 11 #4's record and contract that the resident #4 did not sign assistance with Self- Administration medication consent form. 4) On _____ an interview was conducted with resident #4 about 12:29 PM. She stated she knew staff members would take care of her medication if she wanted them to when she was admitted. Resident #4 reported she didn't remember if the staff members were licensed nurse. Class III	A 162	
(X5) COMPLETE DATE			



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hill View Assisted Living
3854 Highway 2
Graceville, FL 32440

Dear Administrator:

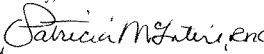
This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative of this office.

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,


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

DH/pm
Enclosure
XG90

