

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11910381</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                          | (X3) DATE SURVEY COMPLETED |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MARRIOTT HOME CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2700 BROADWAY<br/>WEST PALM BEACH, FL 33407</b>                     |                            |
| (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<br><br>An Assisted Living Facility complaint inspection (CCR# 2012013165) was conducted on Marriott Home Care, had deficiencies found at the time of the visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A 000                                                                       |                                                                                                                 |                            |
| A 030<br>SS=D                                                 | 58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures<br><br>(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C.<br>(b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.<br>(c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.<br>(d) The statewide toll-free telephone number of the Florida _____ Hotline " 1(800)96 _____ or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. | A 030                                                                       |                                                                                                                 |                            |

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

0899

898H11

If continuation sheet 1 of 13

Agency for Health Care Administration

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| A 030                                                         | Continued From page 1<br><br>(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility's policies with respect to such issues, for example, as resident responsibilities, the facility's _____ and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.<br>(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.<br>(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.<br>(h) Pursuant to Section 429.41, F.S., the use of physical _____ shall be limited to half-bed rails, and only upon the written order of the resident's physician, who shall review the order biannually, and the consent of the resident or the resident's representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall | A 030                                                                          |                                                                                                                          |                               |  |

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| A 030                                                         | Continued From page 2<br><br>not be considered a physical<br><br>429.28 Resident bill of rights.-<br>(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:<br>(a) Live in a safe and decent living environment, free from _____ and neglect.<br>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.<br>(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.<br>(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.<br>(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.<br>(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. | A 030                                                                          |                                                                                                                          |                          |                               |

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| A 030                                                         | Continued From page 3<br><br>(g) Share a _____ his or her spouse if both are residents of the facility.<br>(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.<br>(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.<br>(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.<br>(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally _____, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.<br>(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without _____ interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or | A 030                                                                          |                                                                                                                          |  |                               |

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| A 030                                                         | Continued From page 4<br><br>special interest groups.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations and interviews, the facility<br>failed to post required notices related to resident<br>advocacy groups. There was no information<br>related to how to contact the Florida _____<br>Hotline, the Agency Consumer Hotline, and<br>Rights Florida (formerly known as the<br>Florida Local Advocacy Council). This had the<br>potential to affect all 15 current residents of the<br>assisted living facility (ALF).<br><br>The findings include:<br><br>During the tour of the ALF conducted on _____<br>beginning at 10:41 AM, it was noted the following<br>notices were not posted in full view in common<br>areas or any other area that informed readers if<br>they want to:<br>a) Report _____, they can call _____ or<br>800-962-2873<br>b) File a complaint, they can call AHCA (the<br>Agency) at 888-419-3456<br>c) File a complaint, they can call _____ Rights<br>Florida (formerly known as the Florida Local<br>Advocacy Council) at 800-342-0825<br><br>This concern was discussed with and<br>acknowledged by the Administrator on _____<br>at 10:45 AM.<br><br>Class III | A 030                                                                                       |                                                                                                                          |                               |
| A 052<br>SS=D                                                 | 58A-5.0185(3) FAC Medication - Assistance with<br>Self-Admin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A 052                                                                                       |                                                                                                                          |                               |

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| A 052                                                         | <p>Continued From page 5</p> <p>(3) ASSISTANCE WITH<br/>SELF-ADMINISTRATION.</p> <p>(a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least 18 years old, 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.</p> <p>(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.</p> <p>(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.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. The health care provider may prescribe a medication schedule which coincides with the resident's presence in the facility;</li> <li>2. The medication container may be given to the resident or a friend or family member upon</li> </ol> | A 052                                                                                       |                                                                                                                          |                               |

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| A 052                                                         | Continued From page 6<br><br>leaving the facility, with this fact noted in the resident 's medication record;<br>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<br>4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;<br>(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.<br>(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.<br>(4) Assistance with self-administration does not include:<br>(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.<br>(b) The preparation of syringes for injection or the administration of medications by any injectable route.<br>(c) Administration of medications through intermittent positive pressure breathing machines or a _____<br>(d) Administration of medications by way of a tube inserted in a cavity of the body.<br>(e) Administration of _____ preparations.<br>(f) Irrigations or debriding agents used in the treatment of a skin condition.<br>(g) _____ or _____ preparations.<br>(h) Medications ordered by the physician or | A 052                                                                                       |                                                                                                                          |                               |

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| A 052                                                         | <p>Continued From page 7</p> <p>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.</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observations, interviews and record review, the facility failed to ensure unlicensed staff who assisted residents with self-administration of medications adhered to required practices, for 2 out of 3 sampled resident (Residents #4 and #6). As evident by Unlicensed staff failed to read the labels to the residents for each medication assisted with and cut two prescribed tablets of medication in half that were not pre-scored by the manufacturer.</p> <p>The findings include:</p> <p>The following concerns were noted during observation of unlicensed staff assisting residents with self-administration of medications on -- -- -- beginning at 12:36 PM:</p> <p>1. While retrieving prescribed doses of medicine from their packaging and when handing those medications to Residents #4 and #6, the unlicensed staff member (the Assistant Administrator), failed to read each label (including dosage) to the resident as required.</p> <p>2. A medication order for _____ 20 milligrams (MG), called for one and a half tabs by mouth</p> | A 052                                                                          |                                                                                                                          |                          |                               |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MARRIOTT HOME CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2700 BROADWAY<br/>WEST PALM BEACH, FL 33407</b>                              |                               |
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| A 052                                                         | Continued From page 8<br><br>daily. The unlicensed staff member( the Assistant Administrator), demonstrated how she cuts a pill in half with a pill-cutting device in order to get the half tab. She later demonstrated aforementioned procedure with a tablet of Cilostazol which was ordered at 100 MG, one half tab twice daily. Both tablets were observed to not be pre-scored by the manufacturer which ensures proper dosage when the tablet is cut in half.<br><br>These concerns were discussed with and acknowledged by the Administrator on _____ at 12:15PM.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                               | A 052                                                                          |                                                                                                                          |                               |
| A 056<br>SS=D                                                 | 58A-5.0185(7) FAC Medication - Labeling and Orders<br><br>(7) MEDICATION LABELING AND ORDERS.<br>(a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is 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:<br>1. The resident ' s name; and<br>2. Identification of each medicinal drug product in the container.<br>(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.<br>(c) If the directions for use are " as needed " or " as directed, " the health care provider shall be | A 056                                                                          |                                                                                                                          |                               |

Agency for Health Care Administration

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| A 056                                                         | Continued From page 9<br><br>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.<br>(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 revised directions for use in the MOR, or obtain a revised label from the pharmacist.<br>(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.<br>(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.<br>(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complementary prescription drugs that are | A 056                                                                          |                                                                                                                          |                          |                               |

Agency for Health Care Administration

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| A 056                                                         | <p>Continued From page 10</p> <p>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:</p> <ol style="list-style-type: none"> <li>1. Practitioner ' s name;</li> <li>2. Resident ' s name;</li> <li>3. Date dispensed;</li> <li>4. Name and strength of the drug;</li> <li>5. Directions for use; and</li> <li>6. Expiration date.</li> </ol> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure medications for residents who required assistance with self-administration of medications were securely stored for 3 out of 3 sampled residents (Residents #2, #4 and #5), by allowing the residents to store medications in their . . . . .</p> <p>Also, medications not identified as belonging to a resident were stored in community , and expired medications were stored in community . . . . .</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. During the general tour of the ALF beginning at 10:41 AM while accompanied by the Assistant Administrator, the following concerns were noted:</li> </ol> | A 056                                                                       |                                                                                                                 |                            |

Agency for Health Care Administration

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| A 056                                                         | <p>Continued From page 11</p> <p>a) Resident #4 had the following medications at bedside: ointment, and cream. The Assistant Administrator stated they assist him with self-administration of his medications. Review of his record revealed no documentation showing these medications were ordered or that his health care provider ordered he could self-administer them.</p> <p>b) Resident #2's observed with a treatment unit at bedside. In an interview conducted at that time, she stated she administers the breathing treatments herself when she needs them. The Assistant Administrator stated they assist her with self-administration of her medications except for the breathing treatments and which she administers on her own. Review of her record revealed no documentation showing her health care provider ordered she could self-administer the breathing treatments.</p> <p>c) The following medications were present in</p> <p>1) A bottle of prescribed nose spray, the label had faded and the patient's name was illegible, the label disclosed, "discard after</p> <p>2) A container of Zeasorb powder disclosed Resident #5's name and "filled</p> <p>3) Pepto Bismal, and two bottles of nasal solution 0.025%. There was no identification on the medications as to who they belonged to.</p> <p>d) I contained an unidentified tube of cream. The Assistant Administrator</p> | A 056                                                                          |                                                                                                                          |  |                               |

Agency for Health Care Administration

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| A 056                    | <p>Continued From page 12</p> <p>acknowledged and removed them at the times of observation.</p> <p>These concerns were discussed with and acknowledged by the Administrator on ... at 12:20 PM.</p> <p>e) On ... at 12:20 PM during observation of medication assistance, the Administrator was asked about the ALF's medication disposal process. She stated they would document the incident and dispose of the medication in the trash. When probed further, she stated this task was performed by only one person.</p> <p>Class III</p> | A 056               |                                                                                                                          |                          |

RICK SCOTT  
GOVERNOR



ELIZABETH DUDEK  
SECRETARY

2013

Administrator  
Marriott Home Care  
2700 Broadway  
West Palm Beach, FL 33407

**RE: CCR #2012013165**

Dear Administrator:

This letter reports the findings of a complaint 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

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

AMD  
Enclosure

