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
	AL11967541	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENRAC HOME ALF	910 BRIARCLIFF DRIVE VALRICO, FL 33594

(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 Assisted Living Facility A biennial state licensure survey with limited nursing services (LNS) was completed on The Benrac Home Assisted Living Facility had deficiencies found at the time of the visit.	A 000		
A 052	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	A 052		

Agency for Health Care Administration

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A 052	Continued From page 1	A 052		

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 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.

Agency for Health Care Administration

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A 052	Continued From page 2 (b) The preparation of syringes for injection or the administration of medications by any injectable route. (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 interviews, the facility failed to assure a caregiver/medication technician (Staff A) followed the proper steps were taken when assisting 1 (Resident #1) of 1 resident observed during the morning medication pass, including checking the medication label against the medication observation record (MOR) during preparation of the resident's medications, which could have resulted in the resident being given incorrect medications or incorrect doses. Findings include:	A 052		

Agency for Health Care Administration

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A 052	Continued From page 3	A 052		

Observation of Staff A as she prepared Resident #1's medications for assistance on [redacted] at approximately 9:10am did not include a review of the MOR to determine what medications were ordered and scheduled before placing them individually into the medication cup and offering them to the resident with water. Staff A was observed to pull the pill packs and bottles from the secured cabinet and proceeded to follow the labeled directions as she gave each of the following 9 medications scheduled for 8:00am to Resident #1 without first reviewing the [redacted] MOR:

[redacted] HBR 10mg tablet, take 1 tab daily
[redacted] HBR 20mg tablet, take 1 tab in the morning
[redacted] 5mg, take 1 tab in the morning
[redacted] 15mg tablet, take one tablet daily
[redacted] ER 500mg tab, take 1 tablet daily
[redacted] DR 40mg cap, take 1 capsule daily
[redacted] D 5,000u, take 1 tab daily
[redacted] 2500mcg, take 1 tab daily
Propranalol 20mg tablet, take 1 tablet 2x day (sched at 8am and 8pm)

An interview with Staff A immediately after she prepared the medications and offered the medications to the resident on [redacted] at approximately 9:15am revealed she always reviewed the MORs as she prepared the medications but that she forgot to today because she was nervous about having the surveyor watch her.

A review of the [redacted] MORs revealed the correct medications and doses were provided to Resident #1.

A review of Staff A's personnel file revealed a hire date of [redacted] and documentation of the

Agency for Health Care Administration

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A 052	Continued From page 4 required initial 4 hour medication training and 2 hour annual updates in 2012 and 2013 but was missing the 2 hour update from 2011 (deficient practice was cited under 0084). An interview with Resident #1 on ..... at approximately 10:30am revealed he received the correct medications daily and he had no concerns about the medication management at the facility. An interview with the administrator on at approximately 10:45am revealed surprise that Staff A had not used the MOR when preparing the medications for Resident #1 which is the policy of the facility. Class III	A 052		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable ..... including ..... Freedom from ..... must be documented on an annual basis. A person with a positive ..... test must submit a health care provider ' s statement that the person does not constitute a risk of communicating ..... Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable ....., he/she shall be removed from duties until the administrator determines that such condition no longer exists.	A 078		

Agency for Health Care Administration

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A 078	Continued From page 5 (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assure 3 (Administrator, Staff A and Staff B) of 3 staff working at the facility had evidence of the required freedom from communicable statement and/or the annual documentation of freedom from which could place the 5 residents at risk of inadvertently contracting a communicable	A 078		

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A 078	Continued From page 6 Findings include: A record review revealed the Administrator had no freedom from communicable statement in her employee file. An interview with the administrator on at approximately 1:00pm revealed she thought the statement was included as part of a physical examination from 2007, however after reviewing the exam findings there was no mention of communicable in it. A record review revealed Staff A (live in caregiver/med tech), hired on had the required freedom from communicable and received a (negative for in however there was no evidence of the required annual testing from 2011 and 2012. An interview with the administrator on at approximately 1:00pm revealed she was not aware that if staff need a (due to having a history of a positive reaction) they would still need to be screened annually. A record review revealed Staff B (caregiver/med tech works evenings and alternate weekends) did not have documentation that he was free from communicable including statement. His hire date was Telephone interview with Staff B on at approximately 3:15pm revealed he did not know if he had the required freedom of communicable statement or not. Class III	A 078		
A 084	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt	A 084		

Agency for Health Care Administration

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A 084	Continued From page 7 (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 fulfilment 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 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;	A 084		

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A 084	Continued From page 8 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 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 observation, record review and interviews, the facility failed to assure 2 (Staff A and B) of 2 unlicensed staff who assist with residents medications whose employee files were reviewed, had the required ongoing 2 hour annual assistance with the self administration of medication training placing residents at risk of receiving improper assistance. Findings include:	A 084		

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A 084	Continued From page 9 A record review revealed Staff A (live in caregiver/med tech) hired on [redacted] had the initial 4 hour medication training but was missing the required 2 hour update in 2011. A record review revealed Staff B (evening/nights and alternate weekends- caregiver/med tech) hired in [redacted] had the initial 4 hour medication training but was missing the required 2 hour update in 2012. A further review revealed both Staff A and B had evidence of a 2 day medication assistance training in 2013, but not from an approved AHCA provider. An interview with the administrator on [redacted] at approximately 1:30pm revealed she was not aware that the medication course both staff took (required to meet the needs of a program most of the facility residents participated in) could not be counted toward the 2 hour annual medication training update requirement. Class III	A 084		
A 090	58A-5.0191(11) FAC Training - Do Not [redacted] 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 [redacted] within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident	A 090		

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A 090	Continued From page 10 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. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assure 2 (Staff A and B) of 2 caregivers/med techs who would need to respond during an emergency at the facility did not have evidence of having received Do Not Recussitate Orders training which could cause as to what steps should be taken during an event at the facility where recussitation was necessary and potentially could cause _____ to be initiated when it should not have been. Findings include: A review of the employee files of Staff A (live in caregiver/med tech) with a hire date of _____ and Staff B (evening/night staff and alternate weekend caregiver) with a hire date of _____ revealed no evidence of having been trained in the facility's _____ policies and procedures. An interview with Staff A on _____ at approximately 2:00pm revealed she wasn't sure if she had been trained in the facility's _____ policy or not. She said she understood the facility's _____ policy was to call 911 in the event that someone became unresponsive and to initiate _____ and that once 911 responded, the _____ paperwork would be given to the	A 090		

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A 090	Continued From page 11 emergency personnel who would then take over. She said she had not been involved in an emergency situation such as this in the facility. An interview with the administrator on [redacted] at approximately 2:30pm revealed she discussed the facility's [redacted] policy and procedures during new employee orientation but acknowledged she did not have documentation of the training for either Staff A or Staff B. Class III	A 090		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Benrac Home ALF
910 Briarcliff Drive
Valrico, FL 33594

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) 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 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. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
For Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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