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
	AL11966697	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENNITY AT VERO BEACH(THE)	7975 17 LANE VERO BEACH, FL 32966

(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 An Assisted Living Facility change of ownership (CHOW) survey was conducted on [redacted]. The Brennity at Vero Beach, had licensure deficiencies found at the time of the 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 [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. (d) When a resident who receives assistance with	A 052		

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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

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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, interview and record review, it was determined the facility did not ensure that each resident that receives eye drops received the proper assistance with the self-administration of those eye drops for 1 out of 1 sample residents receiving eye drops (Resident #7); and the facility failed to ensure that Medication Techs (Med Tech) were reading the medication labels to the residents upon the medication tech providing assistance with those medications for 2 out of 2 residents observed (Resident #7 and Resident #2).

The findings include:

1) Review of Resident #7's health assessment (1823 form), dated , reflected diagnoses of ; and

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Her health assessment form, dated , noted diagnosis of The physician's fax communication form, dated reflected this resident needs assistance with self-administration of medications. Physician's prescriptions, dated , for eye drops are as follows:
a) P 0.1% 1 drop each in eye every 12 hours indefinitely
b) 1% 1 drop in each eye every 12 hours indefinitely
During observation of the provision of the eye drops by the Medication Tech, on beginning at approximately 9:15 AM, the Medication Tech obtained the above noted eye drops from the locked cabinet in this resident's The medication tech put on gloves and proceeded to place 1 drop of the 1% in each eye. Immediately after placing these drops in Resident #7's eyes, she placed 1 drop of the P 0.1% in each eye. She did not wait between placing each type of eye drop in this residents eyes.
The facility's policy and procedure related to "How to Assist with Eye Medications" was reviewed. It noted if additional drops of the same or different medications are required in the same eye, wait 3-10 minutes. Based on the aforementioned observations the Medication Tech failed to follow this policy.
During review of Resident #7's record and interview conducted with the (Resident Services Director), on beginning at approximately 2:30 PM, he was informed that the Medication Tech did not wait to provide the second set of eye drops for this resident. He stated staff are to wait 10 minutes between drops. Approximately 10 minutes later, he returned and stated he discussed this concern with the Medication Tech and she confirmed that she did

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not wait in between the provision of eye drops in each eye.
2) During observation of the Med Tech, conducted on beginning at approximately 9:15 AM, she was observed to provide the following medications to Resident #7:
a) 5mg daily with breakfast
b) 125mcg daily
c) 400mg daily
d) 1,000mcg daily
e) D 1,000 soft gel daily
f) Reservatrol 100mg soft gel (no label on medication - only the manufacturers instructions for use)
g) 1% opth 10ml 1 drop both eyes every 12 hours
h) P 0.1% opth 5ml 1 drop both eyes every 12 hours
This Med Tech was not observed to inform the residents of the contents of the labels of these medications. During interview with the (Resident Services Director), conducted on beginning at approximately 2:30 PM, he was informed that the Hawthorn Med Tech did not inform Resident #7 of the contents of the labels for the above noted medications. He acknowledged the practice for med techs is to inform the residents of the content of each medication label.
3) During observation of the Med Tech (in the Hawthorn wing), conducted on beginning at approximately 9:30 AM, she was observed to provide the following medications to Resident #2:
a) 325mg E coated daily
b) Amlodipine 10mg daily
c) 5mg daily
d) 75mg daily
e) 100mg daily
f) Tart 25mg (hold if

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A 052	Continued From page 5 pressure <100) g) 300mg This Med Tech was not observed to inform the residents of the contents of the labels of these medications. During interview with the (Resident Services Director), conducted on beginning at approximately 2:30 PM, he was informed that the Med Tech (in the Hawthorn unit) did not inform Resident #2 of the contents of the labels for the above noted medications. He acknowledged the practice for Med Techs is to inform the residents of the content of each medication label. 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	A 054		

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A 054	Continued From page 6 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: Based on record review and interview, the facility failed to ensure 1 out of 10 sampled residents (Resident #4) had an annual review documented and on file for the use of a chemical . The findings include: On at 1:39 PM, the Resident Services Director was interviewed and asked for the most recent annual review completed by the prescribing physician for the use of medication) for Resident #4's behaviors. The resident had started the medication on or about During review of the resident's record, no evaluation for the use of this medication dated within the previous year could be located. This was acknowledged by the during interview at this time. Class III	A 054		
A 057 SS=D	58A-5.0185(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term OTC includes, but is not limited to, OTC medications, , nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription.	A 057		

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(a) A stock supply of OTC products for multiple resident use is not permitted in any facility.
(b) OTC products, including those prescribed by a licensed health care provider, must be labeled with the resident ' s name and the manufacturer ' s label with directions for use, or the licensed health care provider ' s directions for use. No other labeling requirements are necessary nor should be required.
(c) Residents or their representatives may purchase OTC products from an establishment of their choice.
(d) A facility cannot require a licensed health care provider ' s order for all OTC products when a resident self-administers his or her own medications, or when staff provides assistance with self-administration of medications pursuant to Section 429.256, F.S. A licensed health care provider ' s order is required when a licensed nurse provides assistance with self-administration or administration of medications, which includes OTC products. When such an order for an OTC product exists, only the requirements of paragraphs (b) and (c) of this subsection are required.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review it was determined the facility did not ensure that all resident's OTC (Over-The-Counter) medications, including nutritional supplements, were labeled with the resident's name and the licensed health care provider's directions for use for 1 out of 2 sampled residents reviewed during observation of assistance with the self-administration of medications (Resident #7).

The findings include:

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A 057	Continued From page 8 During observation of the medication pass with the Medication Tech (in the Hawthorne unit), conducted on beginning at approximately 9:15 AM, she was noted to provide Resveratrol 100mg soft gel to Resident #7. The 2013 MORs (Medication Observation Records) reflected Resveratrol 100mg take 1 tablet by mouth daily (effective The bottle of Resveratrol did not contain a label with the resident's name and the licensed health care providers instructions for use. The manufacturer's label on the bottle noted "Suggested Use: Take 2 soft gels daily". The physician's order reflected "Clarification Resveratrol 100mg 1 tablet orally daily". During interview with the (Resident Services Director), conducted on beginning at approximately 2:30 PM, he reviewed the MORs and the physician's order. He asked the LPN (Licensed Practical Nurse) for this unit to obtain this bottle of Resveratrol. She retrieved this bottle and provided it for review. The acknowledged that there was no label with Resident #7's name and the licensed health care provider's instructions for use. He instructed the LPN to obtain a label for this medication. Class III	A 057		
A 085 SS=D	58A-5.0191(6) FAC Training - Nutrition & Food Service (6) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility ' s food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. A certified food manager,	A 085		

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A 085	Continued From page 9 licensed dietician, registered dietary technician or health department sanitarians are qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure the food service manager received a minimum of 2 hours of training annually in nutrition in an ALF by a qualifed trainer. The findings include: The most recent training in nutrition in an ALF for the food service manager was requested from the Resident Services Director at approximately 1:30 PM on 04/2: training in this subject conducted by a qualified trainer (registered dietician, licensed dietician or certified dietary technician) was located and available for review at the time of the survey. The Administrator acknowledged this finding during interview at 4 PM on this day. Class III	A 085		
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, sex activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition	A 093		

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Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program.
(b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows:
1. Protein: 6 ounces or 2 or more servings;
2. Vegetables: 3 5 servings;
3. Fruit: 2 4 or more servings;
4. Bread and starches: 6 11 or more servings;
5. Milk or milk equivalent: 2 servings;
6. Fats, oils, and sweets: use sparingly; and
7. Water.
(c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus to be served shall be dated and

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planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.
(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the

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purposes of [redacted] the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interviews, the facility failed to provide the recommended dietary allowances in the secured unit, specifically by not ensuring residents were served milk or a milk equivalent at least twice a day.

The findings include:

On [redacted] at 9:50 AM, residents in the secured unit dining area were observed finishing their breakfast, none of the residents had been served

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(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
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8 ounces of milk as indicated on the current menu (week 1 cycle). Staff #1 was interviewed at this time and stated residents receive milk if they ask for it. Approximately 3 random residents were asked if they would like a glass of milk and stated "yes". After providing the residents with a glass of milk, all three residents drank a glass of milk. The residents had [redacted] and were not able to make decisions on their own, requiring staff to anticipate their needs. During observation of lunch at 12 PM on this day, none of the residents in the secured unit were served milk. Staff #4 was interviewed at 1 PM on this day and stated certain residents drank milk and staff knew who to serve it to. After asking 3 random residents if they would like a glass of milk, they responded "yes" and drank a glass of milk when provided to them. The current menu (week 1 cycle) documented residents were to be served milk with each meal (8 ounces). These findings were discussed with the Resident Services Director and Administrator during interview at 4 PM on this day.

Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Brennity At Vero Beach (the)
7975 17 Lane
Vero Beach, FL 32966

Dear Administrator:

Re: Change of Ownership

This letter reports the findings of a CHOW (Change of Ownership) survey that was conducted on . , 2013 by a representative from 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(30) 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,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State (3020) Form
XG90

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