

## Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>AL11911669                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                                                                                                                                                                                                                                                                | (X3) DATE SURVEY COMPLETED<br><br>05/17/2013 |
| NAME OF PROVIDER OR SUPPLIER<br><br>HOMESTEAD VILLAGE RETIREMENT COMMU |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br>7830 PINE FOREST ROAD<br>PENSACOLA, FL 32526 |                                                                                                                                                                                                                                                                                                                                                                       |                                              |
| (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 ECC monitoring visit was conducted 5/17/13 at Homestead Village Assisted Living Facility. The facility did not have any ECC residents. The facility had deficient practiced cited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A 000                                                                                 | <u>Plan of Correction for A 052</u>                                                                                                                                                                                                                                                                                                                                   |                                              |
| A 052<br>SS=D                                                          | 58A-5.0185(3) FAC Medication - Assistance with Self-Admin<br><br>(3) ASSISTANCE WITH SELF-ADMINISTRATION.<br>(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.<br>(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.<br>(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.<br>(d) When a resident who receives assistance with | A 052                                                                                 | Administrative counseling was completed with the medication assistant observed by the AHCA surveyor on . We read rule 58A-5.0191 together and discussed her errors at length. She has been in this position for the last 10 years and does know the rule. She has been observed during many surveys and this is the first time she failed to follow proper procedure. |                                              |

AHCA Form 3020-0001

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

STATE FORM

9800

ZVCC11

(X6) DATE

05/24/13

If continuation sheet 1 of 4

PRINTED: 05/20/2013  
FORM APPROVED

## Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HOMESTEAD VILLAGE RETIREMENT COMMU</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7830 PINE FOREST ROAD<br/>PENSACOLA, FL 32526</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |
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| A 052                                                                         | Continued From page 1<br><br>medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:<br>1. The health care provider may prescribe a medication schedule which coincides with the resident's presence in the facility;<br>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;<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., 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 _____ |                                                                                | A 052                                                                                         | On 28 <sup>th</sup> , 2013, _____ Carper RN, will be on site to follow all medication assistants during a medication pass to observe their technique and to re-educate them on proper technique in accordance with the rule. She then will report to me all of her evaluations. After the evaluations, if it is found that more education is needed, this will be provided through the facility sending them through the initial medication training offered by Vanguard pharmacies on the next local training day. |                                                        |

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| A 052                                                                  | <p>Continued From page 2</p> <p>Intermittent positive pressure breathing machines or a</p> <p>(d) Administration of medications by way of a tube inserted in a cavity of the body.</p> <p>(e) Administration of _____ preparations.</p> <p>(f) Irrigations or debriding agents used in the treatment of a skin condition.</p> <p>(g) _____ or _____ preparations.</p> <p>(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.</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: Based on observation, record review, family and staff interview the facility failed to assist with self administration of medications for 2 (#1.2) of 2 sampled residents.</p> <p>The findings are:</p> <p>1. Medication administration was observed for resident #1 by medical assistant "A" on 5/17/13 at 9:15 am. The medical assistant placed med cart out in the hallway out of view of the resident. She dispensed _____ 5 milligrams (mg). _____ 10 mg, _____ 20 mg. into a souffle cup out of view of the resident. The medical assistance handed the cup of medications to the resident in her _____ explaining the meds or dispensing them in view of the resident.</p> <p>In an interview with the resident on 5/17/13 at 9:30 am, who is alert and oriented stated the medical assistant always has the pills in the cup</p> | A 052                                                                   |                                                                                                                          |                          |                                                 |

## Agency for Health Care Administration

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| A 052                                                                         | <p>Continued From page 3</p> <p>when she enters the _____ ! doesn't explain to me my medications.</p> <p>Review of the health assessment dated 2/15/12 indicated the resident is alert and oriented and needs assistance with medication administration.</p> <p>2. Medication administration was observed for resident #2 by medical assistant "A" on _____ at 9:20 am. The medical assistant placed med cart out in the hallway out of view of the resident. She dispensed _____ 5 milligrams (mg), Proxal 150 mg, _____ ER 2.5 mg and _____ 40 mg into a souffle cup out of view of the resident. The medical assistance handed the cup of medications to the resident in her _____ explaining the meds or dispensing them in view of the resident.</p> <p>Interview with the resident on 5/17/13 at 9:40 am who is alert and oriented staffed the aide bring my med to me in a cup. They don't explain my medications to me.</p> <p>Review of the health assessment dated 8/9/12 indicated the resident is alert and oriented and needs assist with medication administration.</p> <p>Interview with the director of nursing/administrator on _____ at 10:00 am stated the medical assistant just had her update training last week. They are to assist with self administration not administer medications to residents.</p> <p>Class III</p> | A 052                                                                                         |                                                                                                                          |                               |



## Fax Cover Sheet

Fax (850) 941-5009

To: Donah HeibergFrom: Homestead Village - Desdre Gonzales NavarroDate: 5-24-13Fax #: 850-922-9142Number of pages (Including Cover) 5Notes: plan of correction

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