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
	AL11964320	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY MANOR	**2806 WEST SAM ALLEN ROAD PLANT CITY, FL 33565**

(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 complaint survey, CCR# 2013005846, was conducted on . The Country Manor, assisted living facility, had deficiencies 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	A 052		

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A 052	Continued From page 1	A 052		

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 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

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A 052	Continued From page 2	A 052		

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 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 and interview, the facility failed to correctly provide assistance with self administration of medications by preparing syringes with for 1 (Resident # 8) of 2 sampled residents with ordered out of the 11 total sampled residents.

Findings include:

Observation of the inside of the facility refrigerator on 06/0 approximately 9:30 a.m. revealed that there were 2 bags of prefilled insulin that were labeled for Resident #8. The

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A 052	Continued From page 3 bag labeled "AM" (morning) had 4 prefilled syringes with 50 units of [redacted]. The "PM" (evening) bag had 5 prefilled syringes with 46 units of [redacted]. Both bags had a handwritten label on the front of the bag with directions for [redacted] 50 every AM and 46 every PM. There was also 1 opened and 2 closed bottles of [redacted] with directions for the resident to inject 50 units [redacted] before breakfast and 46 units before supper. Interview with Staff C, a medication technician, on [redacted] at approximately 9:30am revealed that the administrator, a licensed practical nurse, filled the [redacted] in the syringe and put the syringes into an AM or PM bag. Interview with Resident #8 on [redacted] at approximately 10:20am revealed that she was given the syringes already filled with [redacted] by the staff, but she injected herself. In the interview with Staff B, a medication technician, on [redacted] at approximately 11:30am, she also stated that the administrator fills the [redacted] for the Resident #8 In the interview with the administrator on [redacted] at approximately 6:45pm, she acknowledged that she cannot prefill [redacted] syringes for a resident and have the staff give the resident the syringe. Class III	A 052		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and	A 055		

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A 055	Continued From page 4	A 055		

preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their [illegible] or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the [illegible] or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if:

1. The facility administers the medication;
2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request;
3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.

(b) Centrally stored medications must be:

1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, [illegible] or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by

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A 055	Continued From page 5	A 055		

being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one

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A 055	Continued From page 6 witness. (f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep medications properly secured for 7 (Residents #2, #3, #4, #5, #7, #8, and #9) of 11 sampled residents. Findings include: Observation of the facility office on [redacted] at approximately 9:25am revealed Resident #2's medication had been left out on a shelf in the office: [redacted] 50 mcg, take 1 tablet by mouth everyday. The facility office had no door. There were no staff in the [redacted] There were also medications that had been left out on top of the office desk. The other medications (with directions) that were found unsecured were the following: Resident #9's - [redacted] 8 ER 8MEQ tab [redacted] supplement), take 1 tablet by mouth twice daily, only with [redacted] There were 2 bottles of round blue pills, the could have contained up 90 pills each according to the pharmacy label. Resident #4's - Amox Tr-K CLV 875-125mg tab (substitute for [redacted] 875mg tab, treats [redacted], take 1 tablet by mouth twice a day x 10 days). There was 20 white tablets left on the medication punch card. Interview with Staff C on [redacted] at approximately 9:25am revealed that Resident #2 was a daycare resident and her medication was not locked in the medication cart because she was not there full time. Staff C stated that Resident #9's medication was put on hold by the	A 055		

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A 055	Continued From page 7	A 055		

doctor. Staff C also stated that Resident #4's medication was going back to the pharmacy. She stated that the administrator had left the pills out when she went to run an errand. The administrator had not yet been in on the day of the survey.
Observation of the facility office on [redacted] at approximately 9:30am revealed that the refrigerator used to store residents' medications did not have a lock on it. Inside the refrigerator were 2 bags of prefilled [redacted] syringes for Resident #8. There was an "AM" (morning) labeled bag that had 4 prefilled syringes with 50 units of [redacted] to be given every morning (per the handwritten label). There was a "PM" (evening) labeled bag that had 5 prefilled syringes with 46 units of [redacted] to be given every evening. There was also 1 open and 2 closed bottles of [redacted] with directions to inject 50 units
before breakfast and 46 units before supper for Resident #8.
Further observation of the facility's medication refrigerator on [redacted] at approximately 9:30am revealed other medications that were unsecured:
Resident #7's - There were one bottle of open and 2 bottles of closed [redacted] with orders to inject 62 units [redacted] (SC) before breakfast and 64 units SC before supper. There were also one bottle of open and one closed bottle of [redacted] regular [redacted] with orders to inject SC per sliding scale. Plus, there were 7 unused [redacted] syringes.
Resident#3's - There was a locked, pharmacy prepared, medication kit for hospice. There were 2 unopened, individually wrapped, round yellow pills taped to the back of the hospice kit. The name of the medication had been worn off.
Resident #5's - There was a bottle of [redacted] 150mg/5ml suspension, take 1 teaspoonful (5ml)

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A 055	Continued From page 8 by mouth twice a day. In the interview with the administrator on [redacted] at approximately 10:00am, she stated she had no excuse for the medications being left out. She stated she was unaware that the refrigerator needed a lock. Class III	A 055		
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 [redacted] including [redacted] Freedom from [redacted] must be documented on an annual basis. A person with a positive [redacted] test must submit a health care provider ' s statement that the person does not constitute a risk of communicating tuberculosis. [redacted] 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 disease, [redacted] she shall be removed from duties until the administrator determines that such condition no longer exists. (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	A 078		

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A 078	Continued From page 9	A 078		

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 interview, the facility failed to ensure that all staff had documentation of freedom from [redacted] on an annual basis for 1 (Staff D) of 4 sampled staff members.

Findings include:

Review of Staff D's employee record revealed that her last screening for [redacted] was not completed annually. The [redacted] screening was done on [redacted].

In the interview with the administrator on [redacted] at approximately 5:00pm, she acknowledged that Staff D needed a [redacted] screening and she would have one done as soon as possible.

Class III

Agency for Health Care Administration

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A 081	Continued From page 10	A 081		
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in ..... control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to ..... borne ..... may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the	A 081		

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A 081	Continued From page 11 following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all staff completed the required in-service training within 30 days of hire for 1 (Staff A) of 4 sampled staff members. Findings include: Review of Staff A's employee records revealed that her date of hire was . There was no documentation of completion of in-services for recognizing and reporting resident neglect, and , and facility emergency procedures. In the interview with the administrator on	A 081		

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A 081	Continued From page 12 at approximately 5:00pm, she stated that if there were no certficates for the trainings in Staff A's records then she did not complete them. Class III	A 081		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Country Manor
2806 West Sam Allen Road
Plant City, FL 33565

Dear Administrator:

Re: **CCR# 2013005846**

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 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,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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