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
	AL11910573	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSHORE MANOR	5200 COLLEGE ROAD KEY WEST, FL 33040

(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 These are the results of a Biennial survey which was completed on [redacted] at Bayshore Manor an Assisted Living Facility (ALF). The following is a description of non-compliance:	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 [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.	A 052		

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A 052	Continued From page 1 (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. (b) The preparation of syringes for injection or the administration of medications by any injectable route.	A 052		

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A 052	Continued From page 2	A 052		

(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 record review and interview, the facility failed to ensure 2 (Staff A and B) of 3 staff who assisted residents with self-administration of medications were able to interpret a prescription label.

The findings include:

On [redacted], at 1:00 p.m., Staff A stated that Resident #5 would not be receiving her routine dose of [redacted] at 1:00 p.m. as the medication was not available.

On [redacted], at 1:45 p.m., the empty prescription container for Resident #5's [redacted] tablet was reviewed. The Label read. "Take 1 Table by mouth four times a day if

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A 052	Continued From page 3 necessary." A review of resident #5's Medication Observation Record (MOR) found an entry for 5-500 take two tabs by mouth four times each day. On , at 3:50 p.m., the pharmacist who had filled the medication order for 5-500 for Resident #5 stated the order was filled as per the prescription received from the physician on . She stated that the order was for 1 table to be taken four times a day not 2. If the facility would have followed the order the resident would not have run out of the medication until . On , at 4:00 p.m., the Administrator provided a copy of a prescription dated for 5-500 2 tablet to be taken 4 times a day. She stated this was the last prescription they had so this is the one they used even though there was a discrepancy on the medication label. On , at 4:20 p.m., Staff A and B stated each time the 5-500 was provided to Resident #5 from until when the medication ran out, they read the label to the resident. They stated the label read for 1 tablet to be taken four times a day. They stated she always received 2 tables four times a day and they continued to provide 2 tables four times a day. They stated they did not interpret the label to indicate there was a change in the resident ' s order. Class III	A 052		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal	A 055		

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A 055	Continued From page 4 (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and 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	A 055		

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A 055	Continued From page 5	A 055		

requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by 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

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A 055	Continued From page 6 to a pharmacist for disposal or may be destroyed by the administrator or designee with one 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 properly store and dispose of wasted medications. The findings include: On [redacted] at 12:48 p.m., a review of the notebook binder used to keep the resident's Medication Observation Record (MOR) was observed to on top of the medication cart. The binder was not locked and could be accessed by residents in the area. In the back of the binder it was a log of wasted medications was observed. Attached to this log was a plastic zip lock baggie. Inside the baggie was approximately 15 wasted medications. The "Dropped medication" log recorded medications back to [redacted] On [redacted] the Administrator stated the dropped medications found in the MOR binder was not secured. Class III	A 055		
A 056	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is	A 056		

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A 056	Continued From page 7	A 056		

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:
1. The resident ' s name; and
2. Identification of each medicinal drug product in the container.
(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.
(c) If the directions for use are " as needed " or " as directed, " the health care provider shall be 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.
(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

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A 056	Continued From page 8	A 056		

revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(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.
(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.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are 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:
1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.
(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.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility

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A 056	Continued From page 9	A 056		

failed to ensure medications were reordered timely for 1 (Resident #4) of 6 residents and failed to have clarification of as needed orders without specific perimeters for 3 (Residents #4, #5 and #6). The facility also failed to have physician orders for changes in changes in medication orders for 1 (Resident #5) of 6 residents.

The findings include:

On [redacted] at 1:15 p.m., Resident #4 stated that she had run out of some medication the first week in [redacted].

Record review for Resident #4's Medication Observation Record (MOR) for [redacted], 4, 5, 2013 indicated that the resident did not receive [redacted] 16 to be taken 3 times a day due to the medication not being available and being on order.

Record review of Resident #4's MOR dated 2013 included a medication entry for [redacted] 5-325 [redacted] which stated "Take 1-2 tabs by mouth every 4 hours as needed for pain." The resident's record dated [redacted] contained a physician's order for [redacted] for pain. Under "Dose" it states 1-2 tabs. Resident #4's record contained no clarification if the resident should be given 1 or 2 tablets every 4 hours.

On [redacted] at 4:30 p.m., the Attendant Supervisor stated that she was unaware of the need to have an as needed prescription clarified when it stated 1-2 tables.

On [redacted] a review of the empty medication container for Resident #5 found the label read [redacted] 5-500 take 1 tablet by

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A 056	Continued From page 10	A 056		

mouth four times a day as needed." The label did not have note a specified reason for the medication to be taken.

Record review of Resident #6's MOR dated [redacted] 2013 included a medication entry for [redacted] Syrup "Take 2 1/2 ml by mouth every 4-6 hours as needed for [redacted]" There was no clarification in the resident's record to indicate if the medication was to be given every 4, 5 or 6 hours.

On [redacted] at 4:30 p.m., the Attendant Supervisor stated that she was unaware of the need to have an as needed prescription clarified when it stated to be given every 4-6 hours.

On [redacted] at 1:00 p.m., Staff A stated that Resident #5 would not be receiving her routine dose of [redacted] at 1:00 p.m. as the medication was not available.

On [redacted] at 1:45 p.m., the empty prescription container for Resident #5's [redacted] tablet was reviewed. The Label read. "Take 1 Table by mouth four times a day if necessary." A review of Resident #5's Medication Observation Record (MOR) found an entry for [redacted] 5-500 take two tabs by mouth four times each day.

On [redacted] at 3:50 p.m., the pharmacist who had filled the medication order for [redacted] 5-500 for Resident #5 stated the order was filled as per the prescription received from the physician on [redacted]. She stated that the order was for 1 table to be taken four times a day not 2. If the facility would have followed the order the resident would not have run out of the medication until [redacted]

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A 056	Continued From page 11 On .. .. at 4:00 p.m., the Administrator provided a copy of a prescription dated .. .. for .. 5-500 2 tablet to be taken 4 times a day. She stated this was the last prescription they had for this medication so this is the one they used even though there was a discrepancy on the medication label. Class III	A 056		
A 092	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets. (d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on record and interview, the facility failed to ensure the Administrator received 2 hours of continuing education annual in topics related to food service in the Assisted Living Facility (ALF).	A 092		

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A 092	Continued From page 12 The findings include: Record review for the facility's Administrator found no continuing education within the last 12 months related to food service in the ALF. On . /13 at 10:31 a.m., the Administrator stated that she was the person responsible for the food service program in the ALF. Class III	A 092		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Bayshore Manor
5200 College Road
Key West, FL 33040

Dear Administrator:

This letter reports the findings of a Biennial 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372