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 |
|---|---|---|---|
| | AL11966353 | A. BUILDING: _____ B. WING _____ | R 02/08/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| VILLAS AT SUNSET BAY | 7423 KAUAI LOOP NEW PORT RICHEY, FL 34653 |

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| {A 000} | Initial Comments<br><br>Assisted Living Facility<br><br>A revisit to complaint surveys, (CCR# 2016014029 and CCR# 2016012639) was conducted at Villas at Sunset Bay on . Villas at Sunset Bay had an uncorrected deficiency and new deficiencies at the time of the visit.<br><br>(License # 10594) | {A 000} | | |
| A 052 SS=D | 58A-5.0185 (3) Medication - Assistance with Self-Admin<br><br>(3) ASSISTANCE WITH SELF-ADMINISTRATION.<br>(a) Any unlicensed person providing assistance with self administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 58A-5.0191, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule.<br>(b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed.<br>(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. | A 052 | | |

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| A 052 | Continued From page 1<br>(d) Trained staff must observe the resident take the medication. Any concerns about the resident ' s reaction to the medication or suspected noncompliance must be reported to the resident ' s health care provider and documented in the resident ' s record.<br>(e) 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:<br>1. The health care provider may prescribe a medication schedule that coincides with the resident ' s presence in the facility;<br>2. The medication container may be given to the resident, 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>(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.<br>1. As used in 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.<br>2. As used in Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition. | A 052 | | |

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| A 052 | Continued From page 2<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to ensure that unlicensed staff members were properly assisting residents with medication self-administration for one resident (Resident #1) out of six residents sampled during medication observations.<br><br>Findings included:<br><br>During a medication observation at 9:22 AM on [redacted], unlicensed Staff A was observed administering medications to Resident #1.<br><br>A review of Resident #1's Medication Observation Records (MOR) revealed oral medications (Ferrex 150mg capsule, 5mg tablet, [redacted] 20 CPDR capsule, [redacted] 10mg tablet and [redacted] ER 10meq tablet) which were due at 9:00am. Staff A, a medication assistant, was observed, after identifying Resident #1, locating the medications on the cart and comparing them to the MOR. The medication cards were brought into the resident's [redacted], the resident was resting in bed and prior to assisting the resident with the medications, Staff A stated, "I am here to give you your medications, today were are going to do this differently, I am going to tell you what pills you are getting." Staff A asked the resident to sit up higher in the bed and then read off the medications to be given and then popped the pills into a small cup of yogurt. Staff A then took a spoon and scooped up some pills with the yogurt, instructed the resident to open up, then inserted | A 052 | | |

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| A 052 | Continued From page 3<br><br>the spoon with the medications into Resident #1's mouth and watched to make sure the pills were swallowed.<br><br>Staff A was then asked if it was typical that unlicensed staff administered medications to residents by placing medications into a resident's mouth rather than assisting the resident to place the medications into their own mouths. Staff A stated that for Resident #1 this was how they always did it because this was the resident's preference.<br><br>In an interview, Staff A was not entirely clear on the difference between assistance with medication self-administration and medication administration.<br><br>At 11:00am on [redacted], the employee record for Staff A was reviewed and indicated the hire date was [redacted]. Staff A had a certificate for a 4 hour initial course in Assistance with Self Administration Medication on [redacted].<br><br>In a record review of resident records for Resident #1, the AHCA Form 1823 Health Assessment, dated [redacted], showed that the physician signing the AHCA Form 1823 marked that the resident "needs assistance with self-administration of medications."<br><br>In an interview at 1:00pm on [redacted], Administrator was asked "what are med techs (unlicensed staff) instructed to do when they assist with medication self-administration?" Administrator stated that med techs are instructed to assist residents with medications by handing the medication cup to the resident and prompting them to take the medications and observing them take the meds. | A 052 | | |

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| A 052 | Continued From page 4<br><br>If necessary, if the resident is having trouble taking the medication, the unlicensed med techs can then put their hand over the hand of the resident to physically assist them to take the medications. They are not to put the medications into the resident's mouths. The same goes for any other type of medication such as eye drops, nose spray or inhaled medications. The unlicensed staff's role is to assist the resident to take their medications. Administrator stated that maybe some additional training would be in order.<br><br>Class III | A 052 | | |
| {A 054} SS=D | 58A-5.0185(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(a) For residents who use a pill organizer managed in subsection (2), the facility must 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.<br>(b) The facility must maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must include the name of the resident and any known [illegible] 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 | {A 054} | | |

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| {A 054} | Continued From page 5<br><br>as prescribed, or medication errors. The medication observation record must be immediately updated each time the medication is offered or administered.<br>(c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure that medication observation records (MORs) were accurate and free from omissions and errors for two (Resident #7 and #9) of three residents sampled.<br><br>Findings included:<br><br>A MORs record review conducted at 11:15 AM on for Resident #9 revealed that there were dates and times for medications prescribed not initialed. Resident #9's MORs showed the medication CP-ABHOR GEL (. .5/. )/1ml: Apply 1ml to inner wrist every 6 hours scheduled. Initials were omitted for the 12 am and 6 am doses for the dates from , 2017 through , 2017.<br><br>A MORs record review conducted at 11:30 AM on for Resident #7 revealed that there were dates for treatments not initialed. Resident #7's MOR showed the following initial omissions: (1) the removal and application of on ; (2) the Special Item - Support on , , and ; and, (3) the Hose application on . | {A 054} | | |

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| {A 054} | Continued From page 6<br><br>An interview conducted at 1:00 PM on with Administrator, a LPN (licensed practical nurse) regarding the initial omissions of the MORs. Administrator, LPN, acknowledged the documentation omissions for Resident #9 and stated there is not a nurse on duty during the night and that staff is supposed to contact hospice to come in and administer the medication at night if it is needed. The physician order reads every six hours.<br><br>Administrator, LPN, also acknowledged the omissions for Resident #7's documentation and stated short of contacting who was on duty I couldn't tell you. Administrator stated that the ..... Hose does not even have to be on here but we like to in order to keep track if Resident #7 is wearing them or not.<br><br>Class III | {A 054} | | |
| A 058 SS=D | 429.42(1-2) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies<br><br>429.42 Pharmacy and dietary services.-<br>(1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or | A 058 | | |

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| A 058 | Continued From page 7<br><br>licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.<br>(2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening.<br><br>59A-5.033(3)<br>(3) EMPLOYMENT OF A CONSULTANT.<br>(a) Medication Deficiencies.<br>1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency.<br>2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant ' s signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.<br>3. The facility must provide the agency with, at a | A 058 | | |

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| A 058 | Continued From page 8<br><br>minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure that medication observation records (MORs) were accurate and free from omissions and errors for two (Resident #7 and #9) of three residents sampled.<br><br>Findings included:<br><br>A MORs record review conducted at 11:15 AM on [redacted] for Resident #9 revealed that there were dates for medications prescribed not initialed. Resident #9's MORs showed the medication CP-ABHR GEL (.[redacted].5/.[redacted])/1ml: Apply 1ml to inner wrist every 6 hours scheduled. Initials were omitted for the 12am and 6am doses for the dates from [redacted], 2017 through [redacted], 2017.<br><br>A MORs record review conducted at 11:30 AM on [redacted] for Resident #7 revealed that there were dates for treatments not initialed. Resident #7's MOR showed the following initial omissions: (1) the removal and application of [redacted] on [redacted]; (2) the Special Item - [redacted] Support on [redacted], [redacted], [redacted] and | A 058 | | |

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| A 058 | Continued From page 9<br>; and, (3) the Hose application on .<br><br>An interview conducted at 1:00 PM on with Administrator, LPN, regarding the initial omissions of the MORs. Administrator acknowledged the documentation omissions for Resident #9 and stated there is not a nurse on duty during the night and that staff is supposed to contact hospice to come in and administer the medication at night if it is needed. However, this was not an as needed medication. It was ordered scheduled every six hours.<br><br>Administrator, LPN, also acknowledged the omissions for Resident #7's documentation and stated short of contacting who was on duty I couldn't tell you. Administrator stated that the Hose does not even have to be on here but we like to in order to keep track if Resident #7 is wearing them or not.<br><br>Based on the above stated uncorrected deficiency (relative to complaint CCR 2016014029), the facility shall be required to employ the consultant services of a licensed pharmacist or a registered nurse.<br><br>The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the Agency determines that such consultation services are no longer required.<br><br>This serves as a written notification of the requirement for the above described consultation services.<br><br>Class III | A 058 | | |