| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965844** | **05/01/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**FRESH HORIZON'S ASSISTED LIVING FACILITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4836 35TH AVENUE**<br>**VERO BEACH, FL 32967** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

An unannounced relicensure survey was conducted on [redacted] at Fresh Horizon's Assisted Living Facility, License # 10323. The facility had deficiencies at the time of the visit.

**0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)**

Based on observation. interview, and record review it was determined the facility failed to ensure unlicensed staff who provide assistance with the self administration of medications did so pursuant to the training requirements of Rule 58A-5.0191, F.A.C., specifically related to not reading the medication label to each resident for 1 of 2 sampled residents (Resident #3).

The findings include:

During medication observation conducted with Staff A, on [redacted] beginning at approximately 12:05 PM, she state only had one resident who was to receive noon medication. Staff A proceeded to take the bubble pack of [redacted] EX 100mg to Resident #3 and "pop" the medication into this resident's right hand. Resident took medication with water. During subsequent interview conducted with the Administrator and Staff A, on [redacted] at approximately 12:10 PM, Staff A was questioned as to why she did not read the medication label to Resident #3. She stated she was not aware this was required. The Administrator informed her she had to do this and this should have been covered in the medication training Staff A had just participated in. At this time Staff A stated she did have one more resident to provide medication to. Resident #4 was read the label at the time of this observation.

Class III

**0054 - Medication - Records - 58A-5.0185(5) FAC**

Based on interview and record review it was determined the facility failed to up date the MOR (Medication Observation Record) immediately each time the medication is offered for 4 of 4 sampled residents (Resident #1, Resident #2, Resident #3, and Resident #4).

Based on interview and record review it was determined the facility failed to ensure each resident's MOR must include the name and strength of each medication for 1 of 4 sampled residents (Resident #1).

The findings include:

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **FRESH HORIZON'S ASSISTED LIVING FACILITY** | **4836 35TH AVENUE VERO BEACH, FL 32967** |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

1) Upon entrance to the facility, on at approximately 7:30 AM, Staff A was asked if the morning medications had already been provided to the residents. She confirmed with Staff B that they had all received their morning medications. This surveyor asked for the , 2018 and , 2018 MORs for all four residents of this facility. Staff A and Staff B stated the , 2018 MORs had not been received, yet. Staff B was asked how she recorded the morning medications for the four residents that had received their medications. She said she did not do that, yet. She stated she will initial the MORs when they arrive. During subsequent interview conducted with the Administrator, on beginning at approximately 8:05 AM, she was asked where the , 2018 MORs were located. She replied, "I don't know, I am leaving in ." The , 2018 MORs arrived on at approximately 10:25 AM.

2) During review of the , 2018 MORs for Resident #1 conducted with the Administrator, on beginning at approximately 10:55 AM, she was asked what medication was noted on this resident's MOR in the diagnosis and comments section as follows: Red/Cap take 2 capsules, twice daily for 7 days. The Administrator asked Staff B to join this conversation. She stated it is Resident #1's and that the back page of the MOR under notes section reflects date; time; initials; drug name and dose; reason as ( , ). However, the Administrator acknowledged this was not the correct manner to document medications on the MOR.

Class III

**0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC**

Based on interview and record review it was determined the facility failed to ensure they made every reasonable effort to ensure that prescriptions for residents who receive assistance with self administration of medications are filled or refilled in a timely manner for 1 of 4 sampled residents (Resident #1).

Based on interview and record review it was determined the facility failed to ensure for an "as needed" prescription, they contacted the health care provider to provide revised instructions to include parameters for 2 of 4 sampled residents (Resident #2 and Resident #3).

The findings include:

1) During interview and review resident's records conducted with the Administrator, on beginning at approximately 10:55 AM, she was asked why Resident #1's MOR (Medication Observation Record) for , 2018 noted Hydrochlorathiazide 12.5mg tablets were "not in pack" beginning

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

through . She asked Staff B to join this conversation and to answer this question. Staff B stated she wrote on the MOR "not in pack" because that medication was not in with Resident #1's medications. The Administrator asked Staff B why she did not contact her or the pharmacy about this missing medication. Staff B could not provide an explanation.

2) During interview and review resident's records conducted with the Administrator, on beginning at approximately 10:55 AM, she was asked about the following "as needed" medications:

a. Resident #2: 50mg tablet to be provided every 6 hours as needed. The Administrator was asked where on the MOR or on the medication label it indicated as needed for what? She stated it is for pain. She acknowledged the MOR nor the medication label indicated it is for pain.

b. Resident #3: SM Clearlax Powder "give as needed" and take as directed by physician. The Administrator was asked where on the MOR or the medication label it indicated as needed for what? She stated it is for , . She acknowledged the MOR nor the medication label indicated how often it is to be provided and when it is to be provide or how much is to be provided.

Class III

**0078 - Staffing Standards - Staff - 58A-5.019(2) FAC**

Based on interview and record review it was determined the facility failed to ensure that each newly hire staff must submit from a health care provider (within 30 days of hire) documentation that the individual does not have any signs or symptoms of communicable for 1 of 3 staff reviewed (Staff A).

The findings include:

During interview and personnel record review conducted with the Administrator, on beginning a approximately 11:20 AM, she was provided the opportunity to locate documentation from a health care provider that Staff A (date of hire noted as ) does not have any signs or symptoms of communicable . The Administrator acknowledged all that was on file was a negative test. She stated she was not aware of this requirement.

Class III

**0162 - Records - Resident - 58A-5.024(3) FAC**

Based on interview and record review it was determined the facility failed to ensure each resident's

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| NAME OF PROVIDER OR SUPPLIER<br>**FRESH HORIZON'S ASSISTED LIVING FACILITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4836 35TH AVENUE**<br>**VERO BEACH, FL 32967** | |

SUMMARY STATEMENT OF DEFICIENCIES
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record contained a copy of the written consent described in Rule 58A-0181, F.A.C. when residents receive assistance with the self administration of medications for 1 of 2 sampled residents (Resident #2).

The findings include:

During interview and record review conducted with the Administrator, on [redacted] beginning at approximately 11:00 AM, the Administrator was not able to locate documentation of written consent for unlicensed staff to assist with the self administration of medications for Resident #2.

Class III

**0181 - Emergency Plan Approval - 58A-5.026(2) FAC**

Based on interview and record review it was determined the facility failed to have evidence its emergency plan had been submitted for review and approval to the local emergency management agency for 2017.

The findings include:

During interview and review of the facility's CEMP (Comprehensive Emergency Management Plan) approval information, on [redacted] beginning at approximately 8:30 AM, she stated the county's fire inspector reviews and stamps their CEMP during their annual inspection. She stated that he was not comfortable stamping it this year because of the new generator rule. She acknowledged the last stamp of approval was dated ?/[redacted]. The month was not legible.

Class III