STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965291	R 10/18/2018
NAME OF PROVIDER OR SUPPLIER **BROADVIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2110 Fleischmann Road** **TALLAHASSEE, FL 32308**	

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

0000 - Initial Comments

An unannounced second revisit was conducted at Broadview Assisted Living Facility (license #9700) on . . . At the time of the survey, deficiencies were found.

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on staff interview and record review, the facility failed to ensure medication administration was conducted by a staff member licensed to provide that service for 6 of 19 residents (#1, #2, #3, #4, #5, #6) required for medication administration as identified on their resident health assessments (AHCA Form 1823)

The findings were:

On . . . at approximately 10:14am, an interview was conducted with the Director of Wellness, requesting a list of residents requiring medication administration and a list of residents requiring assistance with self-administration of medication. The Director of Wellness stated that she did not have a list, but she had been working on the resident's health assessments. A record review was conducted with the Director of Wellness of all 57 residents in the facility in regard to residents requiring medication administration and residents requiring assistance with self-administration of medication. At that time a list was made by the Director of Wellness of (30) residents who required assistance with medications, (19) residents who required medication administration, (7) residents who required no assistance with medication and (1) resident who was in the hospital. A record review was conducted of the medication observation record (MOR) for the (19) residents who required medication administration and of the 19, six of the residents (#1, #2, #3, #4, #5, #6) who required medication administration. Medication technicians (A and B) had given and signed off for the period of 1-18, 2018. Upon further review, the facility had not identified all residents who required medication administration to ensure that a licensed staff administered the medication. Upon further review of the MOR there were no notification for staff to identify those residents who required medication administration.

On . . . at approximately 2:15pm, an interview was conducted with the Executive Director who reported that the facility had overlooked the medication administration portion and confirmed that the facility was out of compliance.

Class III

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

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

Based on staff interview and record review, the facility failed to correct a class III deficiency (A0053) by not having licensed staff to provide medication administration for 6 of 19 residents (#1, #2, #3, #4, #5, #6) required for medication administration as identified on their resident health assessments (AHCA Form 1823). The facility failed to obtain a consultant who was a licensed pharmacist or a licensed registered nurse to develop a system that identifies the level of medication assistance needed by each resident based on their 1823, and provide quarterly consultation regarding medication administration practices observed during each consultation visit until the inspection team from the agency determines that such consultation is no longer required and have the consultant visit within 7 working days. The facility also failed to develop and implement a corrective action plan regarding residents requiring medication administration services within 48 hours after notification of this deficiency.

The findings were:

Refer to A0053

On at approximately 1:30pm, an interview was conducted with the Director of Wellness who reported facility had not develop and implement a corrective plan regarding residents requiring medication administration services. Stated that she and the Executive Director talked about a plan for residents who would receive medication administration and residents who would receive assistance with medication administration, but nothing else was done. Stated that facility has consultant but had not met with her.

On at approximately 2:15pm, an interview was conducted with the Executive Director who reported that the facility had overlooked the medication administration portion and was out of compliance, will call guardian pharmacy and will have a nurse within 7 days.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on staff interview and record review, the facility failed to develop and implement plans of action through their Quality Assurance program to correct deficient practice identified by the State Agency related to medication administration practices.

The findings were:

During a second revisit survey on , the facility was recited for continuing to allow unlicensed

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SUMMARY STATEMENT OF DEFICIENCIES
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staff to provide assistance with medication to residents who had been identified on their AHCA Form 1823 as needing their medications administered to them (See A0053).

Record review indicated that during a survey conducted at the facility on , the facility was cited for allowing unlicensed staff to provide assistance with medications to residents whose AHCA Form 1823 indicated they needed their medications administered to them, which required the facility to have a qualified staff member available to provide this service.

During a revisit survey on & , the facility was recited for continuing to allow unlicensed staff to provide assistance with medications to residents whose AHCA Form 1823 indicated they needed their medications administered to them.

On at approximately 2:15pm, an interview was conducted with the Executive Director who reported that the facility had overlooked the medication administration portion and reported that the facility was out of compliance.

Class III