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
	AL11922280	A. BUILDING: _____ B. WING _____	R 07/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES OF PORT RICHEY (THE)	5905 PINEHILL ROAD PORT RICHEY, FL 34668

(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 A Revisit to 05/28/19 Complaint Investigation (Complaint Number: 2019004559), a Monitoring Visit for compliance with Emergency Power Plan, and a Complaint Investigation (Complaint Number: 2019009158) were conducted at Cottages of Port Richey Assisted Living Facility on . Deficiencies were identified at the time of survey.	{A 000}		
{A 055} SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (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. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must 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	{A 055}		

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{A 055}	Continued From page 1	{A 055}		

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 before admission as required in rule 58A-5.0181, F.A.C.
(c) Centrally stored medications must be:
1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,
4. Kept separately from the medications of other residents and properly closed or sealed.
(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.
(e) When a resident's stay in the facility has ended, the administrator must return all

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{A 055}	Continued From page 2	{A 055}		

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 are considered abandoned and may disposed of in accordance with paragraph (f).
(f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must 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 witness.
(g) 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 observations, interviews, and record reviews, the Facility failed to keep prescription and over-the-counter medications, stored in residents' rooms secured during the residents' absence and failed to centrally store medications for five Residents (#2, #3, #7, #8, and #11) of five sampled Residents that required assistance with medications.

Findings Included:

Observations of Residents #2, #7, and #8's room, conducted on , revealed that Residents #2, #7, and #8 had prescription and over-the-counter medications not secured during the residents' absence from the rooms. At 10:15am, Resident #7 had an over-the-counter (OTC) roll-on medication on a table by the resident's bed. Resident #7 was not in the

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room at the time of the observation and the entry door was open. Resident #8 had prescription medications, a ProAir Inhaler and [redacted] vials lying on top of two separate tables in the resident's room. Resident #8 was not in the room at the time of the observation and the entry door was open. At 12:30pm, Resident #2 had [redacted] and R stored in an unlocked refrigerator. Resident #2 was not in the room at the time of the observation and the entry door was open. At 05:10pm, Residents #3 and #11 had a tube of the OTC medication, [redacted], lying on top of the residents' dresser. Neither Resident #3 nor #11 were in the room at the time of the observation and the entry door was closed and unlocked.

A record review for Resident #2, conducted on [redacted], revealed that Resident #2's Health Assessment Form (HAF) dated [redacted] did not state the type of assistance that the resident required for medication administration. HAFs dated [redacted], and an undated HAF stated that Resident #2 required assistance with self-administration of medications. There were no physician orders or assessments found in Resident #2's record that indicated that the resident was capable of self-administering medications or safe to keep medications in the resident's room.

A record review for Resident #3, conducted on [redacted], revealed that Resident #3's HAF dated [redacted] stated that Resident #3 required assistance with self-administration of medications. There were no physician orders or assessments found in Resident #3's record that indicated that the resident was capable of self-administering medications or safe to keep medications in the resident's room.

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{A 055}	Continued From page 4 A record review for Resident #7, conducted on [redacted], revealed that Resident #7's HAF dated [redacted] did not stated the type of assistance that the resident required for medication administration. HAFs dated [redacted] and [redacted] stated that Resident #7 required assistance with self-administration of medications. There were no physician orders or assessments found in Resident #7's record that indicated that the resident was capable of self-administering medications or safe to keep medications in the resident's room. There was no order found in Resident #7's record for [redacted]. A record review for Resident #8, conducted on [redacted], revealed that Resident #8's HAF dated [redacted] stated that Resident #8 required assistance with self-administration of medications. There were no physician orders or assessments found in Resident #7's record that indicated that the resident was capable of self-administering medications or safe to keep medications in the resident's room. A record review for Resident #11, conducted on [redacted], revealed that Resident #11's HAF dated [redacted] stated that Resident #11 required assistance with self-administration of medications. There were no physician orders or assessments found in Resident #11's record that indicated that the resident was capable of self-administering medications or safe to keep medications in the resident's room. A review of the Medication Technician Training Agenda from [redacted], conducted on [redacted], revealed that the Facility provided Medication Technicians training that "no OTC [medications were to be] in resident room and to notify the	{A 055}		

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{A 055}	Continued From page 5 nurse immediately [if found]". During an interview with the Administrator and the Assistant Resident Care Director, conducted on [redacted] at 04:30pm, the Administrator and Assistant Resident Care Director stated that "we don't allow [medications] at the bedside [and Resident #2] does her own [redacted] and [redacted] monitoring]". Class III	{A 055}		
A 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (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 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. (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	A 058		

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A 058	Continued From page 6 determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 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. 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. 3. The facility must provide the agency with, at a 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.	A 058		

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A 058	Continued From page 7 This Statute or Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to ensure documented class III deficiencies regarding medicinal drugs were corrected as required. Findings Included: During a Revisit to 05/28/19 Complaint Investigation (Complaint Number: 2019004559), conducted at the Facility on 07/09/19, revealed that the Facility had an uncorrected and recited Class III medication deficiency. During the Exit Conference with the Administrator, conducted on [redacted] at 05:45pm, the Administrator verbalized understanding of the requirement that the Facility must employ or contract with the consultant services of a licensed Pharmacist or a licensed Registered Nurse. The consultant services at a minimum provide for onsite quarterly consultation until the Inspection Team from the Agency determines that such consultation services are no longer required. Class III	A 058		