

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967913	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/29/2019
NAME OF PROVIDER OR SUPPLIER CAPE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 4616-4614 SW 7 PL CAPE CORAL, FL 33914		
(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 An unannounced revisit survey was conducted on _____ at Cape West, an assisted living facility in Cape Coral, Florida. This was a follow-up to the monitoring survey completed on _____. The following is a description of the deficiencies found at the time of the visit.	{A 000}			
{A 025}	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of _____ or _____ or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such _____ or _____. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises,	{A 025}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 025}	Continued From page 1 and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain a written record of an illness resulting in medical attention for 1 (Resident #4) of 3 residents reviewed. This has the potential for residents with an illness needing medical attention, not to receive needed care timely and accurately or have their physician/representative informed of the illness. The findings included: On at 1:15 p.m., record review for Resident #4 found she had an 500 mg and 600 mg, listed on her medication observation record (MOR) as received for the time period through () is a prescription used for treating middle tract	{A 025}		

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{A 025}	Continued From page 2 , skin bone and An empty medication bottle dated with a label bearing Resident #4's name stated: "..... 500mg, take one capsule by every 2 hours for 14 days, Qty (quantity) 42 (capsules)." The resident's record had no physician's order for the medication, no reason why the resident was receiving the and no documentation the resident's family/representative was notified regarding the use the On at 1:45 p.m., the facility manager and the facility owner acknowledged there was no physician's order and no documentation the resident's family/representative was notified. Class III	{A 025}			
{A 052}	429.256(.....); 58A-5.0185 (3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.	{A 052}			

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{A 052}	Continued From page 3 (c) Placing an oral dosage in the resident 's or placing the dosage in another container and helping the resident by lifting the container to his or her (d) Applying medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the (h) Using a to perform level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags.	{A 052}		

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{A 052}	Continued From page 4 (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. (c) Administration of medications by way of a tube inserted in a _____ of the body. (d) Administration of _____ preparations. (e) Irrigations or debriding agents used in the treatment of a skin condition. (f) _____, _____, or _____ preparations. (g) 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. (h) 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. 58A-5 0185 (3) ASSISTANCE WITH SELF-ADMINISTRATION.	{A 052}		

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{A 052}	Continued From page 5 (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. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (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. (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. (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: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility. 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	{A 052}			

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{A 052}	Continued From page 6 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. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), 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. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that 1 (Resident #4) of 1 resident reviewed was competent to understand the need for and request as needed medications. This has the potential for residents to experience adverse side effects from medications. In addition, the facility failed to ensure the appropriate assistance was provided for 1 (Resident #8) of 1 resident being assisted with	{A 052}			

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{A 052}	Continued From page 7 their medication. This has the potential for residents not to be properly assisted in their self administration of medications. The findings included: 1. Review of the medication observation record (MOR), for Resident #4 revealed the following medication listed: "Dok Plus 8.6mg/50mg () -S) PASS (DOK Plus) if needed: take 2 tablets by daily if needed for ." This medication was initiated by unlicensed staff as assisting with self administration on every day for the time period through (with no time indicated). This resident has documented diagnoses of and short term memory loss. On at 12:00 p.m., the resident was unresponsive to surveyor interview. In addition, there was no record on file that movements were monitored (type and size) during this time period. The owner of the facility and facility manager acknowledged the resident did not have the capability to request this medication and required a licensed nurse to administer this medication. 2. On at 2:20 p.m., upon interview Staff C verified his initials on the MOR dated as assisting Resident #8 with the self administration of a treatment of Iprat-Albut 0. (2.5) mg/3 ml (). Staff C, hired prior to , had no record of the 2 hour updated med-tech training required to perform this procedure. Upon interview at 2:30 p.m., on , Staff A verified her initials on the MOR dated as	{A 052}			

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{A 052}	Continued From page 8 assisting Resident #8 with the self administration of a treatment of Iprat-Albut 0. (2.5) mg/3 ml (.). Staff A, hired prior to had no record of the 2 hour updated med-tech training required to perform this procedure. The owner of the facility and the facility manager acknowledged the foregoing discrepancies at 2:35 p.m. on Class III	{A 052}		
{A 054}	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (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. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and 4. A chart for recording each time the medication	{A 054}		

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{A 054}	Continued From page 9 is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (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. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to ensure medication observation records (MOR) for 9 (Resident #1, #2, #3, #4, #5, #6, #7, #8 and #9) of 9 resident MORs reviewed, were accurate and complete. This has the potential for severe adverse effects from medications and the potential for legal ramifications. The findings included: 1. Resident #4's _____ MOR noted the resident received an as needed medication daily for the time period _____ through _____ (10 days). The MOR did not document why the medication was taken, at what time the medication was taken, and the resident's response to the medication. The owner of the facility and the facility manager acknowledged this discrepancy. 2. Resident #4's _____ MOR stated: " _____ (Keflex, which is an _____) 500 mg, take one cap every 8 hours by _____ for 14 days." The medication was initiated as given 22 times _____ through _____. The medication was initiated as given over a 26 day time period at various days and times, including 7 a.m., 3:00 p.m., 5:30 p.m., 9:30 p.m. and 10:00 p.m. This MOR also stated " _____, 600 mg	{A 054}			

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{A 054}	Continued From page 10 capsule, take one capsule by every 8 hours for 14 days." The medication was initiated as given every 12 hours (9 a.m. and 5 p.m.) 12 times during the time period through (6 days). The medication was initiated as given once daily at 5 p.m., 11 times during the time period through (10 days). The medication was given over a 17 day time period. An empty bottle of medication was observed bearing the label: " 500 mg capsule, take one capsule by every 8 hours for 14 days, Qty (quantity) 42 (capsules)." Resident #4's name was on the label. At 2:00 p.m., on the facility manager said this was the only bottle of medication that had been in the facility. She also said that there was no physician order on record for this medication. The following discrepancies were noted relating to the medication MOR documentation, it was transcribed onto the MOR as 600 mg instead of 500mg per the medication label; it was initiated as given for 27 days rather than 14 days; it was documented that 45 capsules were given but only 42 were in the medication bottle; there was no physician order for the medication or reason for it being given. Upon interview at 2:30 p.m., on the facility manager could not explain the discrepancies identified and the owner of the facility commented: "I check the MORs everyday to make sure they are correct." 3. The MOR is a chart for recording each time a medication is taken; any missed dosages; refusals to take medication as prescribed or medication errors. As such, it contains the initial	{A 054}			

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{A 054}	Continued From page 11 of the facility nursing staff member who administered the medication or assisted with self-administration. The nursing staff member's initial should contain the signature of that staff member to coincide with the initial. Review of Resident #1, #2, #3, #4, #5, #6, #7, #8 and #9's MORs revealed they did not contain the signature of the nursing staff member who initialed this form. On at 2:45 p.m., the owner of the facility and the facility manager acknowledged the MORs did not contain signatures identifying staff initials. The owner said she had advised all staff that each MOR requires their signature. When questioned, the owner said the facility did not have an initial/signature form in each resident's record to identify staff in that manner. Class III	{A 054}			
{A 084}	58A-5.0191(6) FAC 429.52 (6), FS Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities;	{A 084}			

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{A 084}	Continued From page 12 procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for _____ control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 58A-5.0185, F.A.C., including: a. Assist with oral dosage forms, _____ dosage forms, and _____ and _____ dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record;	{A 084}			

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{A 084}	Continued From page 13 f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist and _____ that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with _____; j. Use a _____ to perform _____ testing; k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels; l. Apply and remove _____ stockings and hosiery; m. Placement and removal of _____ bags, excluding the removal of the _____ or manipulation of the _____ site; and, n. Measurement of _____ rate, temperature, and _____ rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance	{A 084}		

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NAME OF PROVIDER OR SUPPLIER CAPE WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 4616-4614 SW 7 PL CAPE CORAL, FL 33914			
(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 084}	Continued From page 14 with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6), FS (6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, licensed pharmacist, or department staff. The department shall establish by rule the minimum requirements of this additional training. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that staff assisting residents with self administration of medication received appropriate training for 5 (Staff A, C, D, E, and F) out of 6 staff personnel records reviewed. This has the potential for residents not to be properly assisted in their self administration of medications. The findings included: 1. On at 1:30 p.m., review of the personnel record for Staff C revealed a certificate of 4 hours of med-tech initial training completed . There was no record that this employee had 2 hour annual renewal updates since that time. Upon interview on at 2:20 p.m., Staff C	{A 084}			

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{A 084}	Continued From page 15 verified his initials on the medication observation record (MOR) dated _____, as assisting Resident #8 with the self administration of a _____ treatment of Iprat-Albut 0. _____ (2.5) mg/3 ml (_____. Staff C was hired prior to _____ and has no record of the 2 hour update med-tech training required to perform this procedure. Upon interview on _____ at 2:30 p.m., Staff A verified her initials on the MOR dated _____ as assisting Resident #8 with the self administration of a _____ treatment of Iprat-Albut 0. _____ (2.5) mg/3 ml (_____. Staff A, hired prior to _____ has no record of the 2 hour update med-tech training required to perform this procedure. The owner of the facility and facility manager acknowledged the foregoing discrepancies. 2. Further review of employee personnel records revealed Staff A, D, E, and F had no record on file that indicated they completed med-tech initial training. Class III	{A 084}		

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{A 000}	Initial Comments An unannounced revisit survey was conducted on _____ at Cape West, an assisted living facility in Cape Coral, Florida. This was a follow-up to the monitoring survey completed on _____. The following is a description of the deficiencies found at the time of the visit.	{A 000}			
{A 025}	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of _____ or _____ or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such _____ or _____. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises,	{A 025}			

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 025}	Continued From page 1 and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain a written record of an illness resulting in medical attention for 1 (Resident #4) of 3 residents reviewed. This has the potential for residents with an illness needing medical attention, not to receive needed care timely and accurately or have their physician/representative informed of the illness. The findings included: On at 1:15 p.m., record review for Resident #4 found she had an 500 mg and 600 mg, listed on her medication observation record (MOR) as received for the time period through () is a prescription used for treating middle tract	{A 025}		

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{A 025}	Continued From page 2 , skin bone and An empty medication bottle dated with a label bearing Resident #4's name stated: "..... 500mg, take one capsule by every 2 hours for 14 days, Qty (quantity) 42 (capsules)." The resident's record had no physician's order for the medication, no reason why the resident was receiving the and no documentation the resident's family/representative was notified regarding the use the On at 1:45 p.m., the facility manager and the facility owner acknowledged there was no physician's order and no documentation the resident's family/representative was notified. Class III	{A 025}			
{A 052}	429.256(.....); 58A-5.0185 (3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.	{A 052}			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CAPE WEST

4616-4614 SW 7 PL
CAPE CORAL, FL 33914

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{A 052}	Continued From page 3 (c) Placing an oral dosage in the resident 's or placing the dosage in another container and helping the resident by lifting the container to his or her (d) Applying medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the (h) Using a to perform level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags.	{A 052}		

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{A 052}	Continued From page 4 (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. (c) Administration of medications by way of a tube inserted in a _____ of the body. (d) Administration of _____ preparations. (e) Irrigations or debriding agents used in the treatment of a skin condition. (f) _____, _____, or _____ preparations. (g) 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. (h) 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. 58A-5 0185 (3) ASSISTANCE WITH SELF-ADMINISTRATION.	{A 052}		

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{A 052}	Continued From page 5 (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. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (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. (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. (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: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility. 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	{A 052}			

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{A 052}	Continued From page 6 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. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), 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. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that 1 (Resident #4) of 1 resident reviewed was competent to understand the need for and request as needed medications. This has the potential for residents to experience adverse side effects from medications. In addition, the facility failed to ensure the appropriate assistance was provided for 1 (Resident #8) of 1 resident being assisted with	{A 052}		

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{A 052}	Continued From page 7 their medication. This has the potential for residents not to be properly assisted in their self administration of medications. The findings included: 1. Review of the medication observation record (MOR), for Resident #4 revealed the following medication listed: "Dok Plus 8.6mg/50mg () -S) PASS (DOK Plus) if needed: take 2 tablets by daily if needed for ." This medication was initiated by unlicensed staff as assisting with self administration on every day for the time period through (with no time indicated). This resident has documented diagnoses of and short term memory loss. On at 12:00 p.m., the resident was unresponsive to surveyor interview. In addition, there was no record on file that movements were monitored (type and size) during this time period. The owner of the facility and facility manager acknowledged the resident did not have the capability to request this medication and required a licensed nurse to administer this medication. 2. On at 2:20 p.m., upon interview Staff C verified his initials on the MOR dated as assisting Resident #8 with the self administration of a treatment of Iprat-Albut 0. (2.5) mg/3 ml (). Staff C, hired prior to , had no record of the 2 hour updated med-tech training required to perform this procedure. Upon interview at 2:30 p.m., on , Staff A verified her initials on the MOR dated as	{A 052}			

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{A 052}	Continued From page 8 assisting Resident #8 with the self administration of a treatment of Iprat-Albut 0. (2.5) mg/3 ml (.). Staff A, hired prior to had no record of the 2 hour updated med-tech training required to perform this procedure. The owner of the facility and the facility manager acknowledged the foregoing discrepancies at 2:35 p.m. on Class III	{A 052}		
{A 054}	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (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. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication	{A 054}		

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{A 054}	Continued From page 9 is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (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. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to ensure medication observation records (MOR) for 9 (Resident #1, #2, #3, #4, #5, #6, #7, #8 and #9) of 9 resident MORs reviewed, were accurate and complete. This has the potential for severe adverse effects from medications and the potential for legal ramifications. The findings included: 1. Resident #4's _____ MOR noted the resident received an as needed medication daily for the time period _____ through _____ (10 days). The MOR did not document why the medication was taken, at what time the medication was taken, and the resident's response to the medication. The owner of the facility and the facility manager acknowledged this discrepancy. 2. Resident #4's _____ MOR stated: " _____ (Keflex, which is an _____) 500 mg, take one cap every 8 hours by _____ for 14 days." The medication was initiated as given 22 times _____ through _____. The medication was initiated as given over a 26 day time period at various days and times, including 7 a.m., 3:00 p.m., 5:30 p.m., 9:30 p.m. and 10:00 p.m. This MOR also stated " _____, 600 mg	{A 054}		

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{A 054}	Continued From page 10 capsule, take one capsule by every 8 hours for 14 days." The medication was initiated as given every 12 hours (9 a.m. and 5 p.m.) 12 times during the time period through (6 days). The medication was initiated as given once daily at 5 p.m., 11 times during the time period through (10 days). The medication was given over a 17 day time period. An empty bottle of medication was observed bearing the label: " 500 mg capsule, take one capsule by every 8 hours for 14 days, Qty (quantity) 42 (capsules)." Resident #4's name was on the label. At 2:00 p.m., on the facility manager said this was the only bottle of medication that had been in the facility. She also said that there was no physician order on record for this medication. The following discrepancies were noted relating to the medication MOR documentation, it was transcribed onto the MOR as 600 mg instead of 500mg per the medication label; it was initiated as given for 27 days rather than 14 days; it was documented that 45 capsules were given but only 42 were in the medication bottle; there was no physician order for the medication or reason for it being given. Upon interview at 2:30 p.m., on the facility manager could not explain the discrepancies identified and the owner of the facility commented: "I check the MORs everyday to make sure they are correct." 3. The MOR is a chart for recording each time a medication is taken; any missed dosages; refusals to take medication as prescribed or medication errors. As such, it contains the initial	{A 054}		

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{A 054}	Continued From page 11 of the facility nursing staff member who administered the medication or assisted with self-administration. The nursing staff member's initial should contain the signature of that staff member to coincide with the initial. Review of Resident #1, #2, #3, #4, #5, #6, #7, #8 and #9's MORs revealed they did not contain the signature of the nursing staff member who initialed this form. On at 2:45 p.m., the owner of the facility and the facility manager acknowledged the MORs did not contain signatures identifying staff initials. The owner said she had advised all staff that each MOR requires their signature. When questioned, the owner said the facility did not have an initial/signature form in each resident's record to identify staff in that manner. Class III	{A 054}			
{A 084}	58A-5.0191(6) FAC 429.52 (6), FS Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities;	{A 084}			

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER CAPE WEST		STREET ADDRESS, CITY, STATE, ZIP CODE 4616-4614 SW 7 PL CAPE CORAL, FL 33914		
(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 084}	Continued From page 12 procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for _____ control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 58A-5.0185, F.A.C., including: a. Assist with oral dosage forms, _____ dosage forms, and _____ and _____ dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record;	{A 084}		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CAPE WEST

4616-4614 SW 7 PL
CAPE CORAL, FL 33914

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{A 084}	Continued From page 13 f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist and _____ that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with _____; j. Use a _____ to perform _____ testing; k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels; l. Apply and remove _____ stockings and hosiery; m. Placement and removal of _____ bags, excluding the removal of the _____ or manipulation of the _____ site; and, n. Measurement of _____ rate, temperature, and _____ rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance	{A 084}		

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{A 084}	Continued From page 14 with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6), FS (6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, licensed pharmacist, or department staff. The department shall establish by rule the minimum requirements of this additional training. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that staff assisting residents with self administration of medication received appropriate training for 5 (Staff A, C, D, E, and F) out of 6 staff personnel records reviewed. This has the potential for residents not to be properly assisted in their self administration of medications. The findings included: 1. On at 1:30 p.m., review of the personnel record for Staff C revealed a certificate of 4 hours of med-tech initial training completed . There was no record that this employee had 2 hour annual renewal updates since that time. Upon interview on at 2:20 p.m., Staff C	{A 084}			

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{A 084}	Continued From page 15 verified his initials on the medication observation record (MOR) dated _____, as assisting Resident #8 with the self administration of a _____ treatment of Iprat-Albut 0. _____ (2.5) mg/3 ml (_____.). Staff C was hired prior to _____ and has no record of the 2 hour update med-tech training required to perform this procedure. Upon interview on _____ at 2:30 p.m., Staff A verified her initials on the MOR dated _____ as assisting Resident #8 with the self administration of a _____ treatment of Iprat-Albut 0. _____ (2.5) mg/3 ml (_____.). Staff A, hired prior to _____ has no record of the 2 hour update med-tech training required to perform this procedure. The owner of the facility and facility manager acknowledged the foregoing discrepancies. 2. Further review of employee personnel records revealed Staff A, D, E, and F had no record on file that indicated they completed med-tech initial training. Class III	{A 084}		