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
	AL11968444	A. BUILDING: _____ B. WING _____	07/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCHED BY ANGELS ASSISTED OF CARE	2780 NW 13TH COURT FORT LAUDERDALE, FL 33311

(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 Relicensure survey was conducted at on . . . . . at Touched by Angels Assisted of Care. The facility had deficiencies at the time of the survey.	A 000		
A 052 SS=D	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. (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	A 052		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 052	Continued From page 1 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. (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.	A 052		

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A 052	Continued From page 2 58A-5.0185 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (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,	A 052		

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A 052	Continued From page 3 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, 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 interviews, the facility failed to provide assistance to 1 of 4 residents (Resident #1) with self-administration of medications. The findings included: On at 12:25 PM, it was observed that Employee A (unlicensed staff) assisted Resident	A 052		

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A	Continued From page 4 #1 with instilling a drop of an [illegible] solution in her [illegible]. After Resident #1 finished to put the medication in her [illegible], she went to her room. This writer followed Resident #1 to her room to conduct an interview. Observation in the resident's room showed that Resident #1 had on her nightstand a plastic cup containing two pills. Resident #1 left the pills in the cup on her night stand. In addition, there were two other pills observed on the night stand, they on the night stand surface. During an interview with Resident #1 immediately following the observation, she said that she received the pills the night before. However, she does not like to take those pills when she is going out. She reported that she will take them later when she returned from her [illegible]. Review of the medication observation record revealed that the pills that were left in the cup on the night stand were prescribed for night time (8:00 PM) and they were: [illegible] tab 40 ml and [illegible] 25 mg, to be taken 1 tablet by daily at 8:00 PM. Review of Resident #1's health Assessment (AHCA form 1823) revealed that Resident #1 needed assistance with self-administration of medications. During an interview with the Administrator on at about 1:00 PM, she expressed her displeasure that Employee A had not performed the task of assisting Resident #1 with medications self-administration accordingly and by not ensuring that Resident #1 took the medication at the time they were given. However, she agreed with the findings	A 052		

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A 052	Continued From page 5 Class III	A 052		
A 054 SS=D	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 [illegible] 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 is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], 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.	A 054		

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A 054	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the accuracy of the medication observation record (MOR) for 1 out 4 sampled residents (Resident #1). The findings included: On at 12:15 PM, an observation in the room of Resident #1 revealed that there was a plastic cup containing two pills (pink and white in color) on the nightstand. In addition, there were two other similar and loosed pills observed on the night stand that on the night stand surface. During an interview with Resident #1 at 12:25 PM, on , she reported that she does not like taking those medications when she is going out, she takes them at night or whenever she is able to. During an interview with Employee A, soon after, on , she indicated that she had given the pills to the resident the night before and that she did not know that she did not take them. Review of the MOR showed that Employee A had signed on the night of indicating that Resident #1 had received and swallowed the pills accordingly. Consequently, the record and the evidence gathered from the resident and the observation did not coincide with what was recorded in the MOR. It confirmed that Employee A did not observe Resident #1 take the medications before signing the MOR. During an interview with the Administrator on at about 1:00 PM, she was distraught that this occurred. No additional information was provided.	A 054		

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A 054	Continued From page 7 Class III	A 054		
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or	A 093		

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A 093	Continued From page 8 a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.	A 093		

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A 093	Continued From page 9 (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that 2 of 2 sampled residents (Residents #2 & #4) received meals of nutritive value as indicated in the menu. The findings included:	A 093		

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A 093	Continued From page 10 During an observation conducted at the facility on at 8:10 AM, two residents (Residents #2 & #4) were noted seated outside at the facility's courtyard. They were observed casually dressed with their bags next to them. In an interview conducted with the residents (Resident #2 & #4), at 8:15 AM, on , they reported that they were waiting for their transportation to go to day program. However, they reported that their bus had not yet arrived. Furthermore, it was noted that one of the Residents was not satisfied about the lunch he received. At lunch time, at 12:00 PM, the residents were still observed outside waiting for their transportation. An inquiry from the Administrator led this writer to believe that the Administrator was not fully aware of the whereabouts of Residents #2 and #4. She said: "I thought they went to day Program". When she investigated however, she found out from the day program representative that a message was left early in the morning to inform that they would not pick up the residents for day-program on that day. However, the message was misconstrued by the facility staff who informed the residents that the bus was going to come to pick them up. Consequently, they patiently waited outside for most of the morning hour. Both residents are ambulatory and able to make their needs known. At 12:30 PM, since the residents were still outside, this writer inquired about lunch, the Administrator then summoned Employee A to prepare Lunch. Employee A gave the residents two slices of bread with salami turkey and a cup of juice. Review of the menu, cycle I which the	A 093		

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A 093	Continued From page 11 Administrator informed was being followed, indicated that the facility was supposed to prepare soup of the day (6 oz); Chicken salad (3 oz); Pasta Salad ½ cup; crackers (6); Lettuce and Tomato (1 cup) and Fresh Fruit (1). None of which was served. During an interview with the Administrator at about 12:33 PM, at . . . . . , she apologized and said that she purchased the required supplies needed for the residents, however, when she heard that this writer was at the facility for her survey, she left in a hurry to come to the facility and left the produce at her house. She meanwhile stated that she always make sure that the residents are served appropriate meals. Class III	A 093		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with	A 152		

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A 152	Continued From page 12 the top surface of the mattress at a comfortable to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to maintain furniture in a safe and sanitary manner. The findings included: Observation conducted on at 9:00 AM revealed that the couch in the family room was in disrepair. The sectional couch was placed in the family room by the television (TV) set. At lunch time, Resident #2 was observed in the family room and he sat on the couch watching TV. During an interview with the Administrator on at 11:00 AM, this writer brought to her attention the condition of the couch (Photographic evidence retained), and she reported that she will	A 152		

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A 152	Continued From page 13 change it. She acknowledged that the couch needed to be changed. Class III	A 152		