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
	AL11911942	A. BUILDING: _____ B. WING _____	R 06/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL PALM RETIREMENT CENTRE	2500 AARON STREET PORT CHARLOTTE, FL 33952

(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 Royal Palm, an assisted living facility in Port Charlotte, Florida. This was a follow-up to the relicensure and limited nursing service survey completed on . The following is description of the deficiencies found at the time of the visit.	{A 000}		
{A 055}	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;	{A 055}		

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{A 055}	Continued From page 1 5. The facility determines that, because of physical arrangements and the conditions or 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.	{A 055}		

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{A 055}	Continued From page 2 (e) When a resident's stay in the facility has ended, the administrator must return all 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 observation and interview, the facility failed to ensure centrally stored medications are kept in a locked cabinet, locked cart or other locked storage receptacle, room, or area at all times for 1 (Staff J) of 2 medication technicians (MT) observed assisting residents with medications. The findings included: On at 1:02 p.m., MT Staff J was preparing medications to assist Resident #15 with medications. Staff J's medication cart was located in the dining room of the memory care unit. When Staff J completed placing Resident #15's medications in a medication cup, she walked away from the medication cart and down	{A 055}		

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{A 055}	Continued From page 3 the hallway towards Resident #15's room. Staff J left the medication cart unlocked and while walking down the hallway, the medication cart would have been out of Staff J's sight behind a wall. On [redacted] at 1:10 p.m., the director of nursing said they would work on retraining. Class III	{A 055}		
{AN276}	58A-5.031(1) FAC LNS - Nursing Services (1) NURSING SERVICES. In addition to any nursing service permitted under a standard license pursuant to section 429.255, F.S., a facility with a limited nursing services license may provide nursing care to residents who do not require 24-hour nursing supervision and to residents who do require 24-hour nursing care and are enrolled in hospice. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to provide limited nursing services (LNS) as indicated by specialty licensure and per resident need for these services for 2 (Residents #6 and #7) of 2 residents receiving home health services. The findings included: On [redacted] at 12:58 a.m., the wellness director said Resident #6 is receiving [redacted] to help him learn to apply his own braces to his [redacted]. The wellness director also said Resident #7 is receiving home health services twice a day to monitor his [redacted] and administer [redacted] and they also do a [redacted] bag	{AN276}		

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{AN276}	Continued From page 4 change once a month. The wellness director acknowledged these are skills that are covered under the limited nursing license held by the facility. The wellness director indicated the facility could not currently provide limited nursing services to the residents as they have been unable to hire a licensed nurse to fill the position. On . . . . at 1:45 p.m., The administrator said they had been considering discontinuing the limited nursing service license as they have had difficulty hiring a licensed nurse to provide the services. Class III	{AN276}		
{AN277}	58A-5.031(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in rule 58A-5.0181, F.A.C. (b) In accordance with rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed	{AN277}		

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{AN277}	Continued From page 5 or . . . . . nurse must coordinate with third party nursing services providers to ensure resident care is provide in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to employ or contract with adequate nursing staff who must be available to provide limited nursing services (LNS) in the facility. The findings included: On at 12:58 a.m., the wellness director said Resident #6 is receiving . . . . . , ... , , to help him learn to apply his own braces to his . . . . The wellness director also said Resident #7 is receiving home health services twice a day to monitor his . . . . . and administer and they also do a bag change once a month. The wellness director acknowledged these are skills that are covered under the limited nursing license held by the facility. The wellness director indicated the facility had run several ads and had interviewed several people but no one had accepted the position and at this point the facility could not currently provide limited nursing services to the residents as they have been unable to hire a licensed nurse to fill the position. On at 1:45 p.m., The administrator said	{AN277}		

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{AN277}	Continued From page 6 they had been considering discontinuing the limited nursing service license as they have had difficulty hiring a licensed nurse to provide the services. Class III	{AN277}		