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
	AL11953321	A. BUILDING: _____ B. WING _____	07/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARRINGTON TERRACE AT BOYNTON BEACH	1425 S. CONGRESS BOYNTON BEACH, FL 33426

(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 re-licensure survey was conducted at the Barrington Terrace At Boynton Beach on - . The facility had deficiencies at the time of the visit.	A 000		
A 010 SS=D	429.26(1&9) FS; 58A-5.0181(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (9) A , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of	A 010		

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A 010	Continued From page 1 the resident are being met. 58A-5.0181 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions	A 010		

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A 010	Continued From page 2 are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that the administrator of a facility be responsible for determining the appropriateness of admission of an individual to the facility and for determining the	A 010		

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A 010	Continued From page 3	A 010		

continued appropriateness of residence of an individual in the facility. The facility failed to make the determination based upon an assessment of the strengths, needs, and preferences of the resident for 2 of 3 sampled resident records reviewed (Resident's #17 & &7).

The findings included:

a) On at 11:00 AM, a conversation was overheard by the Surveyor of the following: The Daughter of Resident # 17 was observed with her mother sitting in the hallway near the Wellness Center on the first floor. She was overheard talking to the Sales Consumer #2. She was asking "What has been done about the she took this weekend?" The Sales Consumer was seen walking past when the question was raised. She stated she was going to get with the resident's Daughter.

At this time, an interview was conducted with Resident #17's daughter. She stated that her mother was admitted about a year ago. She says she has been asking the Resident Services Director ( ) for placement in the Memory Care Unit due to her . She says she is unable to bathe, dress and toilet herself at this point. She stated on her mother had a . She says she was in the facility at about 6:00 PM. She found her mother on the floor crying in her room. She says the staff was not available to hear her mother. She stated she had to get her up from the floor herself. She says her mother's diaper was soaking wet. She stated her mother was trying to remove her wet diaper. She stated she asked the Nursing Supervisor that evening for the name of the Aide assigned to her mom, but she refused to provide her name. She says she complained to the Supervisor that her

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A 010	Continued From page 4 mom had . . . on the floor in her apartment and was soaking wet. She says she cannot get the facility to get the doctor to give her mom an assessment for the Memory Care Unit. She also stated that the . . won't communicate with her. She says she has been complaining about this since . . . . . . On . . . . . at 11:30 AM, an interview was conducted with the ED. He stated there are family . . . . . with the Daughter for Resident # 17. He stated he was aware of the request to move Resident # 17 into the Memory Care Unit. He stated he did not consider the concern from the daughter as a grievance. He stated he has not denied the request, but they have another resident who is exit seeking that may need a placement before this resident. He stated that they have to triage for placement in the Memory Care Unit. A review of the medical record for Resident # 17 did not reveal any mention that the resident had a physician order for an assessment for placement in the Memory Care Unit by a provider. There were no progress notes the request for an assessment for the Memory Care Unit. A review of the Florida Health Assessment (AHCA form 1823) dated did not include the resident's diagnosis. The 1823 form did not include the or behavioral status of Resident # 17. The Florida Health Assessment form (AHCA form 1823) dated , shows the Resident suffers from 's . . . . . This same form stated that the Resident required supervision with toileting and eating. This shows a decline in the Activities of Daily Living (ADL's),which reflected on the 1823 form that indicated the resident was independent	A 010		

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A 010	Continued From page 5 with toileting, ambulating and transferring. b) Record review of the facility therapeutic diet list revealed Resident #7 should be receiving a pureed diet and thickened liquids. Observation of Resident #7 revealed the resident was served with a lunch portion pureed meal and nectar thick liquid was mixed in the presence of the resident. Record review of Resident #7 file revealed a Hospice Physician order revision written on [redacted] that stated the resident should be receiving a pureed diet and nectar thick liquids. On this date the Physician order also stated to keep [redacted] on at all times. Further record review of the Hospice Physician notes dated on [redacted] stated the resident had a right heel open [redacted] measured at 3 cm x 2 cm x 0.1 cm with minimal drainage, some [redacted] and no odor. The Physician specified in her orders the resident must be repositioned and turned while in bed. Record review revealed the facility progress notes for all residents were stored in a secured electronic database. Review of the electronic progress notes failed to reveal any documentation indicating Resident #7 being turned and position while in bed as physician order. A Staff interview was conducted with Staff D on [redacted] at 10:37 AM which revealed that she could not confirm if the Resident was being turned while in bed, due to lack of documentation by the Certified Nursing Assistant (CNA). Observation of Resident #7 on [redacted] revealed the resident dressed and sitting upright	A 010		

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A 010	Continued From page 6 in her high . . . wheelchair with tan slip resistant socks on both in the activity/dining room. Observation of Resident #7 on . . . . . revealed the resident dressed, sitting upright in her high . . . wheelchair with tan slip resistant socks on both . The , were not put on the resident . . . until surveyor intervention on at 10:49 AM with Staff D. A Staff interview was conducted with Staff D on . . . . . at 11:03 AM and it was stated that the CNA should be making sure the , are placed on the resident . . . after every bath. Record review of the AHCA form 1823 dated revealed the resident significant change was not reflective on the AHCA form 1823. The form stated the resident required a Mechanical Soft diet with thin liquids and that the resident had no and no notes regarding turning and repositioning in the special precautions or any section thereof. Staff D confirmed the findings and provided no further information. On at 01:46 PM, an interview was conducted with the ED, and the Human Resources Director. They were advised of the findings.	A 010		
A 029 SS=D	58A-5.0182(5) FAC 429.255(1)(b), 429.26 Resident Care - Nursing Services 58A-5.0182 (5) NURSING SERVICES. (a) Pursuant to section 429.255, F.S., the facility may employ or contract with a nurse to: 1. Take or supervise the taking of vital signs,	A 029		

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A 029	Continued From page 7 2. Manage pill-organizers and administer medications as described in rule 58A-5.0185, F.A.C., 3. Give prepackaged enemas pursuant to a physician's order; and, 4. Maintain nursing progress notes. (b) Pursuant to section 429.255(2), F.S., the nursing services listed in paragraph (a), may also be delivered in the facility by family members or friends of the resident provided the family member or friend does not receive compensation for such services. 429.255(1)(b), FS Use of personnel; emergency care.- (b) All staff in facilities licensed under this part shall exercise their professional responsibility to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's physician. However, the owner or administrator of the facility shall be responsible for determining that the resident receiving services is appropriate for residence in the facility. (c) In an emergency situation, licensed personnel may carry out their professional duties pursuant to part I of chapter 464 until emergency medical personnel assume responsibility for care. (2) In facilities licensed to provide extended congregate care, persons under contract to the facility, facility staff, or volunteers, who are licensed according to part I of chapter 464, or those persons exempt under s. 464.022(1), or those persons certified as nursing assistants pursuant to part II of chapter 464, may also perform all duties within the scope of their license or certification, as approved by the facility administrator and pursuant to this part. 429.26 (3), FS	A 029		

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A 029	Continued From page 8 (3) Persons licensed under part I of chapter 464 who are employed by or under contract with a facility shall, on a routine basis or at least monthly, perform a nursing assessment of the residents for whom they are providing nursing services ordered by a physician, except administration of medication, and shall document such assessment, including any substantial changes in a resident's status which may necessitate relocation to a nursing home, hospital, or specialized health care facility. Such records shall be maintained in the facility for inspection by the agency and shall be forwarded to the resident's case manager, if applicable. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that Nurses take or supervise vital signs. The facility failed to ensure that Nurses obtain complete physician orders and report the observations to the resident's physician, for 1 of 7 resident's observed (Resident # 13). The findings include: On a review of the facility Medication Policy was conducted. The title Medication Management Program Guidelines (Florida) Policy date . . . . . Revision date . . . . . . Item 4.2 Physician Orders/Prescriptions: 3. A valid pharmacy order must include the date, resident name, name of medication, dose, directions for use, route, parameters and duration . . . On at 08:48 AM, an observation of the assistance with self-administration of medication pass was observed. Staff A, and	A 029		

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A 029	Continued From page 9 Unlicensed Staff, Medication Technician (Med Tech) was observed assisting Resident # 13 with medications. She began the process by taking her vital signs. The , (B/P) reading was registered as . The Surveyor asked the Med Tech, if she was instructed to take the , again. She did not respond and took the second reading which registered at . The resident received assistance with the following medications: Metroprolol 25 mg, 20 meq, , 25 mg, 30 mg, 20 mg, Citraprolam 10 mg. On at 08:50 AM, an interview was conducted with Resident # 13. She stated that the , reading was high in her opinion. She stated she did not know why. She stated, it may have been because she was hungry. She stated it was never that high in the past. On at 08:52 AM, an interview was conducted with Staff A. She stated that they take the vitals of all of the residents. She stated that when the resident's B/P was high, they are advised to report the reading to the Nurse on duty. They assist with self-administration of the , medication and check the vitals within an hour. She completed the pass and sent the Resident #13 into the dining room to eat. She continued to assist the next resident with medication. On at 08:55 AM, an interview was conducted with the Nurse on duty on the first floor. Staff C is a Licensed Practical Nurse (LPN). She repeated the same internal policy: She stated the Med Tech is to assist with	A 029		

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A 029	Continued From page 10	A 029		

self-administration of the [redacted] medication and check the vitals within an hour. She was requested to provide this policy in writing. She was not able provide the policy. She was not able to provide physician orders to address what the protocol was to address vital sign readings and their normal parameters. She was asked how do staff determine what are the normal ranges (parameters) for vital signs without the physician orders in the MOR. She did not respond. She did not call the physician in the presence of the Surveyor.

A review of the electronic Medication Observation Record for Resident # 13, reveals physician orders to check vital signs for [redacted], and Metropolol). The orders for the parameters were not observed in the electronic system. A review of the electronic MOR revealed that the previous vital signs had never been in this range for the month of [redacted]. The highest [redacted] (top number) rate reviewed was 161.

A review of the Center for [redacted] Control (CDC) article entitled: [redacted] for [redacted] and [redacted] Prevention.(High [redacted] Fact Sheet) dated [redacted] states a normal [redacted] range is [redacted]. The CDC states a reading of [redacted] is considered too high. (https://www.cdc.gov [redacted]).

On [redacted] at 11:00 AM. an interview was conducted with the Resident Services Director and the Executive Director. They acknowledged the findings.

Class III

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A 030	Continued From page 11	A 030		
A 030 SS=D	58A-5.0182(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 58A-5.0182 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the	A 030		

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A 030	Continued From page 12 facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical	A 030		

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A 030	Continued From page 13 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030		

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A 030	Continued From page 14 (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes	A 030		

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A 030	Continued From page 15 in policies, procedures, and services to the staff of the facility, governing officials, or any other person without [illegible], interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, [illegible], and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and, if applicable, [illegible] Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident ' s access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible] Rights Florida.	A 030		

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A 030	Continued From page 16 429.27(1)(a), FS Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [illegible] or [illegible] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow a grievance procedure to facilitate the residents ' exercise of their rights. The facility failed to follow their internal grievance policy for 1 of 3 resident records reviewed (Specifically, Resident # 17). The findings included: a) A review of the grievance policy was conducted on [illegible]. The title of the policy is Resident Concern and Grievance Process. The date of the policy is [illegible]. The revision date is [illegible]. 1.0 The Purpose: To establish a process to inform all residents, family members,	A 030		

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A 030	Continued From page 17 representatives, advocates, staff and visitors, of their ability to utilize the Community's concerns/grievances procedure, how to access the system, and the process to follow-up to any concerns/grievances. 2.0 Staff members may initiate the grievance form for any concerns/grievance verbally presented by a resident, family member or representative. 6. Each department manager will be responsible for the resolution of a concern/grievance within his/her own department under the direction of the Executive Director. 9. The Executive Director will maintain Complaint Grievance Report forms and follow-up actions in a separate file. b) On at 10:00 AM, an Entrance Conference was conducted with the Executive Director (ED) and the Resident Services Director, ( ). They were requested to provide the Grievance Log. The Administrator indicated that he had taken the Grievance Log Book to his home. He stated he failed to bring it into the facility today. He stated he was working on updating the log because he does not always have time to do paperwork, while in the facility because he is assisting and speaking with the residents. On at 11:00 AM, a conversation was overheard by the Surveyor of the following: The Daughter of Resident # 17 was observed with her mother sitting in the hallway near the Wellness Center on the first floor. She was overheard talking to the Sales Consumer #2. She was asking "What has been done about the she took this weekend?" The Sales Consumer was seen walking past when the question was raised. She stated she was going	A 030		

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A 030	Continued From page 18 to get . . . with the resident's Daughter. At this time, an interview was conducted with Resident#17's daughter. She stated that her mother was admitted about a year ago. She says she has been asking the Resident Services Director (. .) for placement in the Memory Care Unit due to her . . . . . She says she is unable to bath, dress and toilet herself at this point. She stated on her mother had a . . She says she was in the facility at about 6:00 PM. She found her mother on the floor crying in her room. She says the staff was not available to hear her mother. She stated she had to get her up from the floor herself. She says her mother's diaper was soaking wet. She stated her mother was trying to remove her wet diaper. She stated she asked the Nursing Supervisor that evening for the name of the Aide assigned to her mom, but she refused to provide her name. She says she complained to the Supervisor that her mom had on the floor in her apartment and was soaking wet. She says she cannot get the facility to get the doctor to give her mom an assessment for the Memory Care Unit. She also stated that the won't communicate with her. She says she has been complaining about this since . On at 11:30 AM, an interview was conducted with the ED. He stated there are family , with the Daughter for Resident # 17. He stated he was aware of the request to move Resident # 17 into the Memory Care Unit. He stated he did not consider the concern from the daughter as a grievance. He stated he has not denied the request, but they have another resident who is exit seeking that may need a placement before this resident. He stated that they have to triage for placement in the Memory	A 030		

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A 030	Continued From page 19 Care Unit. A review of the medical record for Resident # 17 did not reveal any mention that the resident had received an assessment for placement in the Memory Care Unit by a provider. There were no progress notes , the request for Memory Care Unit Placement. The Florida Health Assessment form (AHCA form 1823) dated , shows the Resident suffers from . On at 01:43 PM, an interview was conducted with the . She stated she interviewed the LPN on duty on that shift and she had never been made aware of the by the resident's daughter. She confirmed that she did not complete a grievance report. On at 01:46 PM, an interview was conducted with the ED, and the Human Resources Director. They were advised of the findings. Class III	A 030		
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	A 052		

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A 052	Continued From page 20 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 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	A 052		

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A 052	Continued From page 21 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) 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	A 052		

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A 052	Continued From page 22 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 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.	A 052		

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A 052	Continued From page 23 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 observation, interview and record review, the facility failed to ensure that Unlicensed Staff, who provide assistance with self-administration of medication includes, in the presence of the resident, read the medication label aloud. The facility also failed to ensure that Unlicensed Staff adhere to the training requirements of self-administration of medication, for 1 of 2 Staff observed (Staff B). The findings included: On at 09:00 AM, an observation was made of the assistance with self-administration of medication by an Unlicensed Staff. Staff B, a Medication Technician (Med Tech) was observed assisting the residents in the general Assisted Living Unit for the facility. She was observed dispensing the pills into the pill cup on the medication cart. She then passed the cup to the residents. She failed to announce the names of the medications for the following residents: 1. Resident # 14, was provided the following: , Iron , ,	A 052		

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A 052	Continued From page 24 B Supplement, and Alprazalom. 2. Resident # 15, was provided the following: Amadarone , losorbide MN, ER, , POT, CL,ER, , Over-the-Counter (OTC) Cranberry, Bayer and , 3. Resident # 16, was provided the following: , ( ) ER, , ER, CL ER, Hydroxzine , (OTC) D-3,000 Bone Health, and Softener. A review of the electronic Medication Observation Record (MOR) for , , confirmed the above medications were to be dispensed by the Med Tech. On at 09:00 AM, during the observation, Resident # 15 asked the Med Tech if she had given her the brand name , medication ( ). On at 11:00 AM, an interview was conducted with the Resident Services Director. She acknowledged the findings. Class III	A 052		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and	A 056		

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A 056	Continued From page 25 rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , . . . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication	A 056		

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A 056	Continued From page 26 observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, interview and record	A 056		

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	AL11953321	A. BUILDING: _____ B. WING _____	07/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 056	Continued From page 27 review, the facility failed to ensure that physician orders were followed by the Unlicensed staff assisting with self-administration of medication, for 1 of 5 residents observed (Resident # 16) The findings included: On at 09:28 AM, an observation of the assistance with self-administration of medications was conducted with Staff B. Staff B is a Medication Technician, (Med Tech). She was observed assisting Resident # 16 with medications. A review of the label and the Physician order revealed the following medications must be taken with food: 2.5 mg 1 tab by twice daily, (take with food), , ( ) ER 240 mg 1 tab by every AM, (take with food) and CL ER 10 meq 1 tab every AM (take with food). An observation of the electronic Medication Observation Record (MOR) for the month of , , revealed the medications are to be taken with food. On at 09:37 AM, an interview was conducted with Resident # 16. She stated she had not eaten breakfast. She stated that she wanted to go down for breakfast, but had to wait to take her medications. On at 09:40 AM, an interview was conducted with Staff B. She stated the residents wanted to stop by the Wellness Center before going downstairs to eat their breakfast. The staff confirmed that she had not contacted the physician regarding the resident's preference to review the orders.	A 056		

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A 056	Continued From page 28 On [redacted] at 11:00 AM, an interview was conducted with the Resident Services Director. She was advised of the findings. Class III	A 056		
A 160 SS=B	58A-5.024(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [redacted]; and 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 58A-5.025,	A 160		

Agency for Health Care Administration

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A 160	Continued From page 29 F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 58A-5.026, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 58A-5.021, F.A.C.; (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 58A-5.0181, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C. (j) All food service records required in Rule 58A-5.020, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last 2 years.	A 160		

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A 160	Continued From page 30 (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. Specifically, the facility failed to make the grievance log/documentation available at the time of the survey. The findings included: A review of the grievance policy was conducted on . The title of the policy is Resident Concern and Grievance Process. The date of the policy is . The revision date is . 1.0 The Purpose: To establish a process to inform all residents, family members, representatives, advocates, staff and visitors, of their ability to utilize the Community's concerns/grievances procedure, how to access	A 160		

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A 160	Continued From page 31 the system, and the process to follow-up to any concerns/grievances. 2.0 Staff members may initiate the grievance form for any concerns/grievance verbally presented by a resident, family member or representative. 6. Each department manager will be responsible for the resolution of a concern/grievance within his/her own department under the direction of the Executive Director. 7. All actions/investigations resolutions will be documented on the Complaint Grievance Report form. 9. The Executive Director will maintain Complaint Grievance Report forms and follow-up actions in a separate file. On at 10:00 AM, an Entrance Conference was conducted with the Executive Director (ED) and the Resident Services Director, ( ). They were requested to provide the Grievance Log/Documentation. The Administrator indicated that he had taken the Grievance Log Book to his home. He stated he failed to bring it into the facility today. He stated he was working on updating the log because he does not always have time to do paperwork, while in the facility because he is assisting and speaking with the residents. On at 01:46 PM, an interview was conducted with the ED, and the Human Resources Director. The ED refuted the findings. Class	A 160		