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
	AL11968965	A. BUILDING: _____ B. WING _____	08/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MANOR ASSISTED LIVING FACILITY CORI	1908 E 131ST AVE TAMPA, FL 33612

(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 complaint survey (complaint numbers 2019007437 and 2019009307) was conducted at Heritage Manor Assisted Living Facility on . . . . . . Heritage Manor Assisted Living Facility had deficient practice identified at the time of the survey.	A 000		
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 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	A 056		

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A 056	Continued From page 1	A 056		

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 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

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A 056	Continued From page 2 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 inteview and record review, the Facility failed to ensure that all prescriptions for residents who receives assistance with self-administration of medication were filled in a timely manner for one Resident (Resident #1) of three sampled residents that required assistance with self-administration of medications. Findings Included: A record review for Resident#1, conducted on , revealed that Resident#1 medical file had a physicians order for medications for Floricet with 50 mg-300 mg 400 mg-30 mg, oral. Take 1 capsule by (every 4 hours) for 3 days. A record review of the physician's order on file showed a ordered date of . A record review of Resident#1 medication record (MORS) for through showed Resident #1 was ordered medications for 50 MG on , the directions for use was take one	A 056		

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A 056	Continued From page 3 table (50 MG) BY . . TWICE(8:00 AM and 8:00 PM) A DAY FOR . In sections dated . . . . . , 3rd, 4th, 5th and 6th of the medication record showed no indication that the medications were provided. In sections noted Nurse's medications notes on the of the medication record, the records reflected the following; " 8 am Tramodol 50 mg waiting pharmacy, not given." " 8 am Tramodol 50 mg waiting pharmacy, not given." " 8 am Tramodol 50 mg waiting pharmacy, not given." " PM Tramodol 50 mg waiting pharmacy, not given." A further record review of Resident#1 medication record for dates through revealed medications for . . . . . (50 mg) was not documented as given as per doctors order. In sections noted Nurse's medications notes on the . . . of the medication record, the records reflected the following; " . Tramodol 50 mg out of cart, not given." " Tramodol 50 mg out of cart, not given." On a record review of the facility files did not show evidence that the facility made attempts to obtain the physicians ordered medications of Resident #1. During an interview with the Resident Care Director, conducted on at 1:16 PM, the Resident Care Director reviewed Resident#1 medical file with surveyor and confirmed findings. The Resident Care Director was unable to provide evidence of documentation that attempts were made to ensure Resident#1 medications were provided as per physicians orders for	A 056		

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A 056	Continued From page 4 Floricet . . . . 50 mg-300 mg 400 mg-30 mg, oral Take 1 capsule by (every 4 hours) for 3 days and Tramodol 50 mg take one table (50 MG) BY TWICE(8:00 AM and 8:00 PM) A DAY FOR . . The Resident Care Director stated show wasn't sure why the facility did not document the above findings. Per interview with the Resident Care Director, conducted on at 1:18 PM, the Resident Care Director, stated the following: Resident#1 went out to the hospital for , on 7/24th /2019 and the doctor added a new medication with 50 m g- 300- 1 cap po every 4 hours to her medication list. The Resident Care Director stated, " No there isn't any notes on file, we didn't make any notes." confirmed there are no documentation are still awaiting a new order for medication. A record review showed no evidence that resident #1 physician was notified on the changes in her medications. Class III	A 056		