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
	AL11969410	A. BUILDING: _____ B. WING _____	08/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEYSTONE PLACE AT TERRA BELLA	2200 LIVINGSTON ROAD LAND O LAKES, FL 34639

(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 Investigation (Complaint Number: 2019009436) and a Revisit to 05/21/19 Complaint Investigation (Complaint Number: 2019004161) were conducted at Keystone Place at Terra Bella Assisted Living Facility on 08/22/19. The facility had deficiencies at the time of the investigation.	A 000		
A 053 SS=D	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including blood glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and chapter 483, Part I, F.S. A valid copy of the State Clinical Laboratory License, if required, and the federal CLIA Certificate must be maintained in the facility. A state license or federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The	A 053		

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
	AL11969410	A. BUILDING: _____ B. WING _____	08/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEYSTONE PLACE AT TERRA BELLA	2200 LIVINGSTON ROAD LAND O LAKES, FL 34639

(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 053	Continued From page 1 facility is not required to maintain a State Clinical Laboratory License or a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the State Clinical Laboratory License and federal CLIA Certificate is available from the Laboratory Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to provide a licensed nurse to administer medications to three Residents (#6, #10, and #11) of three sampled residents that required medication administration. Findings Included: A record review for Resident #6, conducted on 08/22/19, revealed that Resident #6's Health Assessment Form dated . . . . . stated that the resident required medication administration. Resident #6's Medication Observation Records (MORs) for August 2019 had medications for the resident signed as given by Staff C, an unlicensed Medication Technician, on and . . . . . at 09:00am. A record review for Resident #10, conducted on 08/22/19, revealed that Resident #10's Health Assessment Form dated . . . . . stated that the resident required medication administration. Resident #10's MORs for August 2019 had medications for the resident signed as given by Staff C, an unlicensed Medication Technician, on and at 09:00am. A record review for Resident #11, conducted on	A 053		

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
	AL11969410	A. BUILDING: _____ B. WING _____	08/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEYSTONE PLACE AT TERRA BELLA	2200 LIVINGSTON ROAD LAND O LAKES, FL 34639

(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 053	Continued From page 2 . . . . . , revealed that Resident #11's Health Assessment Form dated stated that the resident required medication administration. Resident #11's MORs for August 2019 had medications for the resident signed as given by Staff C, an unlicensed Medication Technician, on . . . . and . . . . at 09:00am. A record review for Staff C, conducted on 08/22/19, revealed that Staff C's record did not include the six-hour required training for Assistance with Self-Administration of Medications. Staff C did have a certificate for four-hours of training dated 03/23/19. Staff C was hired on 07/31/19. During an interview with Staff A, conducted on 08/22/19 at 11:10am, Staff A agreed that Staff C, an unlicensed Medication Technician signed medications as given to Residents #6, #10, and #11 on the aforementioned dates and times. Staff A confirmed that Residents #6, #10, and #11's Health Assessment Forms stated that the residents required medication administration. Class III	A 053		