

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965678	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/13/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SAVANNAH COURT OF LAKELAND

**6550 N SCORUM LOOP ROAD
LAKELAND, FL 33809**

(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 third Revisit to 01/25/19 Complaint Investigation (Complaint Number: 2018017737) and a Complaint Investigation (Complaint Number: 2019010454) were conducted at Savannah Court of Lakeland Assisted Living Facility on . Deficiencies were identified at the time of survey.	{A 000}		
{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 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, the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing	{A 054}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 054}	Continued From page 1 physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to ensure that Medication Observation Records (MORs) were free from errors and immediately updated each time medications (meds) were offered for seven Residents (#6, #8, #9, #11, #12, #13, and #14) of seven sampled residents who required assistance with self-administration of meds. Findings Included: A review of _____ MORs for Resident #6, conducted on _____, revealed that Resident #6's prescribed meds were not documented as given or offered to the resident each time the meds were due, which included _____ 25mg not documented as given on _____ at 09:00pm. A review of _____ MORs for Resident #8, conducted on _____, revealed that Resident #8's prescribed meds were not documented as given or offered to the resident each time the meds were due, which included _____ not documented on _____ at 06:00am; _____ 50mg not documented on _____ at 02:00pm; and, _____ 10mg not documented on _____ at 02:00pm. A review of _____ MORs for Resident #9, conducted on _____, revealed that Resident #9's prescribed meds were not documented as given or offered to the resident each time the meds were due, which included Fiorastor 250mg not documented on _____.	{A 054}			

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{A 054}	Continued From page 2 A review of _____ MORs for Resident #11, conducted on _____, revealed that Resident #11's prescribed meds were not documented as given or offered to the resident each time the meds were due, which included _____ 18mcg inhaler not documented as given on _____ at 12:00pm. A review of _____ MORs for Resident #12, conducted on _____, revealed that Resident #12's prescribed meds were not documented as given or offered to the resident each time the meds were due, which included _____ 18mcg not documented as given on _____ at 12pm. A review of _____ MORs for Resident #12, conducted on _____, revealed that Resident #14 had a discontinuation of the prescribed med _____ 2mg on _____ and the med continued on resident's MORs. A review of _____ MORs for Resident #14, conducted on _____, revealed that Resident #14's prescribed meds were not documented as given or offered to the resident each time the meds were due, which included DOK 100mg not documented as given on _____ at 08:00am. During an interview with the Regional Director and the Resident Care Coordinator, conducted on _____ at 03:30pm, the Regional Director and the Resident Care Coordinator agreed that unlicensed Medication Technicians were not documenting on the MORs as required each time meds were given or offered to residents. The Regional Director agreed that Facility had ongoing issues with MORs documentation and would seek out recommendations for their	{A 054}		

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{A 054}	Continued From page 3 Pharmacist or Registered Nurse Consultant. Class III	{A 054}			
{A 058} SS=D	429.42() FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 59A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication	{A 058}			

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{A 058}	Continued From page 4 practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to correct class III deficiencies related to medications as required. Findings Included:	{A 058}			

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{A 058}	Continued From page 5 During a Revisit to a 01/25/19 Complaint Survey, conducted on 09/13/19, the Facility failed to correct a Class III medication deficiency. During an interview with the Regional Director and the Resident Care Coordinator, conducted on at 03:30pm, the Regional Director and the Resident Care Coordinator agreed that unlicensed Medication Technicians were not documenting on the MORs as required each time meds were given or offered to residents. The Regional Director agreed that Facility had ongoing issues with MORs documentation and would seek out recommendations for their Pharmacist or Registered Nurse Consultant. The Regional Director verbalized understanding that the Pharmacist or Registered Nurse must remain in place until the Agency determines that the consultant services are no longer needed. Class III	{A 058}		