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
	AL11910842	A. BUILDING: _____ B. WING _____	R 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS OF CLEARWATER, THE	420 BAY AVENUE CLEARWATER, FL 33756

(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 second Revisit to 04/11/19 Complaint Investigation (Complaint Number: 2019001745 and 2019002038), a Revisit to 06/05/19 Complaint Investigation (Complaint Number: 2019005434 and 2019001736), a Complaint Investigation (Complaint Number: 2019014132, 2019010832, and 2019013396), and a Generator Monitoring were conducted at Oaks of Clearwater 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 [illegible] 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	{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 medication as prescribed, or medication errors. (c) For medications that serve as chemical [redacted], the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing 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 immediately updated each time medications (meds) were offered. Furthermore, the Facility failed to have specific times, that medications were due, noted on the MORs for four Residents (#12, #13, #16, and #17) of four sampled residents who required assistance with self-administration of meds. Findings Included: A review of [redacted] MORs for Resident #12, conducted on [redacted], 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 [redacted] 500mg not documented as given on [redacted] at "AM" and [redacted] not documented as given on [redacted] at "AM". Resident #12's MORs did not state a specific time that the resident's prescribed meds were due. A review of [redacted] MORs for Resident #13, conducted on [redacted], revealed that Resident #13's prescribed meds were not documented as given or offered to the resident each time the meds were due, which included [redacted] 125mcg not documented as given on [redacted] and [redacted] at 05:00am. Resident #13's MORs did not state a specific time that the resident's other prescribed meds were due and	{A 054}		

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{A 054}	Continued From page 2 specified that the meds were due at "AM", "MID", "PM", and "HS". A review of , MORs for Resident #16, conducted on , revealed that Resident #16's prescribed meds were not documented as given or offered to the resident each time the meds were due, which included , 81mg not documented as given on at "AM"; , 10mg not documented as given on at "AM"; and, 600mg not documented as given on at "AM". Resident #16's MORs did not state a specific time that the resident's prescribed meds were due. A review of , MORs for Resident #17, conducted on , revealed that Resident #17's prescribed meds were not documented as given or offered to the resident each time the meds were due, which included , 81mg not documented as given on at "MID"; , 100mcg not documented as given on at 07:00am; D3 2000units not documented as given on at "AM"; and, Oyster Shell 500mg not documented as given on at "AM". Resident #17's MORs did not state a specific time that the resident's prescribed meds were due. During an interview with the Administrator and the Assisted Living Nurse, conducted on at 04:00prn, the Administrator and the Assisted Living Nurse agreed that unlicensed Medication Technicians were not documenting medications as given or offered to residents as required on the resident's Medication Observation Records. The Administrator and Assisted Living Nurse agreed that the Facility had ongoing issues with	{A 054}		

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{A 054}	Continued From page 3 Medication Observation Record documentation. The Administrator stated that the Facility would keep the required . . . . . or employed Pharmacist and/or Registered Nurse Consultant in place until the Agency determines that the consultant services are no longer needed. 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. 58A-5.033(3)	{A 058}		

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{A 058}	Continued From page 4 (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 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:	{A 058}		

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{A 058}	Continued From page 5 Based on record review and interview, the Facility failed to correct a class III deficiency related to medications as required. Findings Included: During a Revisit to a 04/11/19 Complaint Survey, conducted on 09/19/19, the Facility failed to correct a Class III medication deficiency as required and recited. During an interview with the Administrator and the Assisted Living Nurse, conducted on [redacted] at 04:00pm, the Administrator and the Assisted Living Nurse agreed that unlicensed Medication Technicians were not documenting medications as given or offered to residents as required on the resident's Medication Observation Records. The Administrator and Assisted Living Nurse agreed that the Facility had ongoing issues with Medication Observation Record documentation. The Administrator stated that the Facility would keep the required [redacted] or employed Pharmacist and/or Registered Nurse Consultant in place until the Agency determines that the consultant services are no longer needed. Class III	{A 058}		