

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969015</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/09/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WALTON PLACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>501 S WALTON AVE<br/>TARPON SPRINGS, FL 34689</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| CZ813<br>SS=C                                           | <p>59A-35.090(3)(c), FAC Results of Screening &amp; Notification in File</p> <p>59A-35.090(3) Results of Screening and Notification.</p> <p>(c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that employee records were maintained with proof of required Level 2 background screenings indicating proof of eligibility to work in an assisted living facility (Background Screening) for one (Staff B) of three employee records reviewed.</p> <p>Findings included:</p> <p>A review of employee records conducted on _____ showed that Staff B, a direct care employee, was hired on _____. The review of Staff B's Background Screening showed the status "Agency Review Required", not eligible as required (Photographic Evidence Obtained).</p> <p>An interview was conducted with the Resident Care Director on _____ at 3:22 PM concerning Staff B's Background Screening and lack of statement concerning eligibility status to work in an assisted living facility. The Resident Care Director reviewed Staff B's Background Screening and stated that they see the current status.</p> <p>Unclassified</p> | CZ813                                                                                         |                                                                                                                          |                                                        |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

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| A 000                                                   | Initial Comments<br><br>A Complaint Investigation (Complaint Number:<br>2019010592 and 2019010602) was conducted at<br>Walton Place Assisted Living Facility on<br>Deficiencies were identified at the time of survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | A 000                                                                          |                                                                                                                          |                          |                                                        |
| A 052<br>SS=D                                           | 429.256(     ); 58A-5.0185 (3) Medication -<br>Assistance with Self-Admin<br><br>429.256<br>(3) Assistance with self-administration of<br>medication includes:<br>(a) Taking the medication, in its previously<br>dispensed, properly labeled container, including<br>an     syringe that is prefilled with the proper<br>dosage by a pharmacist and an     that is<br>prefilled by the manufacturer, from where it is<br>stored, and bringing it to the resident.<br>(b) In the presence of the resident, reading the<br>label, opening the container, removing a<br>prescribed amount of medication from the<br>container, and closing the container.<br>(c) Placing an oral dosage in the resident 's<br>or placing the dosage in another container and<br>helping the resident by lifting the container to his<br>or her<br>(d) Applying     medications.<br>(e) Returning the medication container to proper<br>storage.<br>(f) Keeping a record of when a resident receives<br>assistance with self-administration under this<br>section.<br>(g) Assisting with the use of a     , including<br>removing the cap of a     , opening the unit<br>dose of     solution, and pouring the<br>prescribed premeasured dose of medication into<br>the dispensing cup of the<br>(h) Using a     to perform     -<br>level checks. | A 052                                                                          |                                                                                                                          |                          |                                                        |

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| A 052                                                   | Continued From page 2<br><br>(i) Assisting with putting on and taking off stockings.<br>(j) Assisting with applying and removing an _____ but not with titrating the prescribed _____ settings.<br>(k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.<br>(l) Assisting with measuring vital signs.<br>(m) Assisting with _____ bags.<br><br>(4) Assistance with self-administration does not include:<br>(a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.<br>(b) The preparation of syringes for injection or the administration of medications by any injectable route.<br>(c) Administration of medications by way of a tube inserted in a _____ of the body.<br>(d) Administration of _____ preparations.<br>(e) Irrigations or debriding agents used in the treatment of a skin condition.<br>(f) _____ or _____ preparations.<br>(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.<br>(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. | A 052                                                                          |                                                                                                                          |  |                                                        |

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**WALTON PLACE**

**501 S WALTON AVE  
TARPON SPRINGS, FL 34689**

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| A 052                    | Continued From page 3<br><br>58A-5.0185 (3)<br>ASSISTANCE WITH SELF-ADMINISTRATION.<br>(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.<br>(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 label aloud and verbally prompting a resident to take medications as prescribed.<br>(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.<br>(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.<br>(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:<br>1. The health care provider may prescribe a medication schedule that coincides with the | A 052               |                                                                                                                          |                          |

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| A 052                                                   | <p>Continued From page 4</p> <p>resident's presence in the facility.</p> <p>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.</p> <p>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</p> <p>4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.</p> <p>(f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S.</p> <p>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.</p> <p>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.</p> <p>(g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to ensure proper assistance with self-administration of medications according to the required steps in 429.256 Florida Statutes for one Resident (#2) of one sampled resident that required assistance with self-administration of medication.</p> | A 052                                                                          |                                                                                                                          |                          |                                                        |

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| A 052                                                   | <p>Continued From page 5</p> <p>Findings Included:</p> <p>During a medication pass observation with Staff D, an unlicensed Medication Technician, for Resident #2, conducted on _____ from 10:30am - 10:45am, Staff D did not compare Resident #2's medication labels to their Medication Observation Records (MORs). Staff D did not pop the pills from the medication packs in front of Resident #2. Staff D did not read Resident #2's medication labels to the resident as required. Staff D left prepped medications for Resident #2 on top of the medication cart in the hallway and turned away and went to the Resident who was sitting in a wheelchair by the bed. Staff D's _____ was turned toward the medications and the medications were out of the staff's line of sight. Staff D gave Resident #2 the resident's prescribed 06:00am _____ 0.25mg medications at 10:45am. Staff D gave Resident #2, the resident's prescribed 07:00am _____ 81mg Acidophilus Probiotic medications at 10:45am. Staff D gave Resident #2, the resident's prescribed 08:00am medications at 10:45am, which included _____ 20mg, _____ 10mg, _____ 0.5mcg, _____ 800mg, _____ 200mg, _____ 10mg, _____ 2.5mg, Renavite 800, and _____ 60mg. Resident #2's _____ was also due at 12:00pm. Staff D did not assist Resident #2 with the residents _____ Flextouch _____ Staff D stated that the resident self-administered the medication. The mini-refrigerator in Resident #2's room had six _____ Flextouch Pens.</p> <p>A record review for Resident #2, conducted on _____, revealed that Resident #2's Health Assessment Form dated _____ stated that the resident required assistance with self-administration and did not have an order that</p> | A 052                                                                          |                                                                                                                          |                          |                                                        |

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| A 052                                                   | <p>Continued From page 6</p> <p>the resident could self-administer any medication. A record review for Resident #3 (Resident #2's roommate) revealed that the resident's Health Assessment Form dated _____ stated that the resident required assistance with self-administration of medications.</p> <p>A review of the Facility's Medication Policy and Procedure (MP&amp;P), conducted on _____, revealed that the Facility's MP&amp;P stated that "each staff person will be responsible to follow the [assisting with medication] training and not deviate from it". The MP&amp;P stated that "medications are to be kept in the med cart at all times and cart must be locked or in a room that is locked". The MP&amp;P stated that the "resident to be present when you are doing their medications [and] no pre-pouring of meds is allowed".</p> <p>During an interview with the Resident Care Director (RCC), conducted on _____ at 03:45pm, the RCC agreed that agreed that both Resident #2 and #3 required assistance with self-administration of medications and removed the _____ Flextouch _____ from the mini-refrigerator and place them in central storage. The RCC stated that Resident #2 "should have been assisted with [the resident's] _____. The RCC stated that he acceptable time-frame to give a medication was as early as one-hour before a medication was due and up to one-hour after a medication was due. The RCC stated that unlicensed Medication Technicians "should be reading the medication labels to the residents and comparing the medication labels to the MORs for accuracy".<br/>Class III</p> | A 052                                                                          |                                                                                                                          |  |                                                        |