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
	AL11922280	A. BUILDING: _____ B. WING _____	R 10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES OF PORT RICHEY (THE)	5905 PINEHILL ROAD PORT RICHEY, FL 34668

(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 Revisit to 07/09/19 Complaint Investigation (Complaint Number: 2019009158), was conducted at the Cottages of Port Richey Assisted Living Facility on 10/08/19. Deficiencies were identified at the time of survey.	{A 000}		
{A 052} SS=D	429.256( ); 58A-5.0185 (3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container. (c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform - level checks.	{A 052}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{A 052}	Continued From page 1	{A 052}		

(i) Assisting with putting on and taking off stockings.
(j) Assisting with applying and removing an , but not with titrating the prescribed settings.
(k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.
(l) Assisting with measuring vital signs.
(m) Assisting with bags.

(4) Assistance with self-administration does not include:
(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.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications by way of a tube inserted in a of the body.
(d) Administration of preparations.
(e) Irrigations or debriding agents used in the treatment of a skin condition.
(f) , , or preparations.
(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.
(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.

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{A 052}	Continued From page 2 58A-5.0185 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] 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. (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. (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. (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. (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: 1. The health care provider may prescribe a medication schedule that coincides with the	{A 052}		

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{A 052}	Continued From page 3 resident's presence in the facility, 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, 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 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 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. 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. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the Facility failed to ensure proper assistance with self-administration of medications (meds) according to the required steps in 429.256 Florida Statutes and failed to follow control standards for three Residents (#11, #12, and #15) of three sampled residents that required assistance with self-administration of	{A 052}		

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{A 052}	Continued From page 4 medications. Findings Included: During a med pass observation on at 12:20 PM with Staff E (an unlicensed Med Tech) for Residents #11, #12, and #15, Staff E failed to follow proper steps for assisting the residents with self-administration of meds and control standards as follows: a. Staff E brought Resident #15's med bottles and Med Observation Records (MORs) to the resident and placed the MORs on top of the resident's visibly dirty walker and place the resident's med bottles on top of the dining table where the resident was eating. Staff E did not read the med labels to Resident #15 and stated the med from the MORs. Staff E did not wash before or after assisting Resident #15 with Solution. Staff E did not change gloves between each and did not offer the resident a tissue to wipe of the excess med that was running down the resident's cheeks. Staff E picked up the med bottles and MORs with potentially contaminated gloves. Staff E placed the MORs in the binder and the med bottles in the central storage med cart. b. Staff E proceeded to assist Resident #11 with cream at 12:40pm. Staff E placed the resident's MORs on top of the bed. Staff E did not wash before or after assisting Resident #11 with meds. Staff E did not read the med labels to the Resident #11 and just stated the med to the resident from the MORs. Staff E applied the cream to Resident #11's right and the prescription label stated to apply to the left . Staff E placed the potentially contaminated MORs in the binder. When	{A 052}		

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{A 052}	Continued From page 5 questioned, Staff E stated that, "I put it on the she told me to do". c. Staff E then proceeded to assist Resident #12 with Solution at 12:50pm, Staff E did not wash before or after assisting Resident #12 with the med touching both with gloved . Staff E placed the MORs on the bed and asked Resident #12 if the resident wanted the as needed medication and did not read the med label to the resident. Staff E placed the potentially contaminated MORs in the binder and the med in the central storage med cart. Staff E did not wash before proceeding to the next resident. During an interview with the Administrator and Resident Care Coordinator (RCC), conducted on at 04:30pm, the RCC (a Licensed Practical Nurse) stated that unlicensed Med Techs were supposed to read the prescription med labels to residents and follow the directions unless there was a change in directions. The RCC stated the it was standard practice to wash after had been potentially contaminated by as well as washing and/or sanitizing between resident with assisting with meds. The RCC stated that after Staff E applied Resident #11's med to the wrong , a new order was obtained for either . The RCC and Administrator stated that they would develop a plan to prevent potential contamination of the MORs, centrally stored med bottles, and the central storage med cart. Class III	{A 052}		
A 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies	A 058		

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A 058	Continued From page 6 429.42 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) (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.	A 058		

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A 058	Continued From page 7 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 record review, and interview, the Facility failed to ensure documented class III deficiencies regarding medicinal drugs were corrected as required. Findings Included: Record Review during a revisit to . . . . . Complaint Investigation (Complaint Number: 2019009158), conducted at the Facility on , revealed that the Facility had	A 058		

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A 058	Continued From page 8 uncorrected and recited Class III medication deficiency. During an interview with the Administrator, conducted on at 04:30pm, the Administrator verbalized understanding of the requirement that the Facility must continue to employ or contract with the consultant services of a licensed Pharmacist or a licensed Registered Nurse. The consultant services at a minimum provide for onsite quarterly consultation until the Inspection Team from the Agency determines that such consultation services are no longer required. Due to the uncorrected Class III deficiencies concerning the facility's medication practices, the facility shall be required to employ the consultation services of a licensed pharmacist or a registered nurse. 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. This written statement serves as notification of the above stated requirement. Class III	A 058		
{A 162} SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. ; 3. Race;	{A 162}		

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{A 162}	Continued From page 9	{A 162}		

4. Date of birth;
5. Place of birth, if known;
6. Social security number;
7. Medicaid and/or Medicare number, or name of other health insurance ;
8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and
9. Name, address, and telephone number of the health care provider and case manager, if applicable.

(b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in Rule 58A-5.0181, F.A.C.

(c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider ' s order.

(d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 58A-5.020, F.A.C., if applicable.

(e) The resident care record described in paragraph 58A-5.0182(1)(e), F.A.C.

(f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually.

(g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident's contract.

(h) For facilities that manage a pill organizer, assist with self-administration of medications or

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{A 162}	Continued From page 10 administer medications for a resident, copies of the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 58A-5.0181, F.A.C. (o) The resident ' s , DH Form 1896, if applicable.	{A 162}		

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{A 162}	Continued From page 11 (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required in this paragraph; 3. The health assessment described in Rule 58A-5.0181, F.A.C.; 4. The resident's contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to maintain resident records with health assessment forms as described in Rule 58A-5.0181, Florida Administrative Code for five Residents (#7, #10, #12, #13, and #14) of five sampled residents.	{A 162}		

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{A 162}	Continued From page 12 Findings Included: A record review for Resident #7, conducted on [redacted], revealed that the resident's required health assessment form had no date of the examination and the Surveyor was unable to determine if the examination was performed within sixty-days prior to admission or thirty-days after admission. Resident #7 was admitted on [redacted]. A record review for Resident #10, conducted on [redacted], revealed that the resident's health assessment form dated [redacted] had no title of the Examiner as required. A record review for Resident #12, conducted on [redacted], revealed that the resident's health assessment form dated [redacted] had no address noted for the Examiner as required. A record review for Resident #13, conducted on [redacted], revealed that Resident #13's health assessment form dated [redacted] did not include the Facility's data on page one; did not include the resident's [redacted] and behavioral status; did not include the address and telephone number of the Examiner as required; and the Examiner's name and license number was unreadable. A record review for Resident #14, conducted on [redacted], revealed that Resident #13's health assessment form dated [redacted] did not include the resident's [redacted] and behavioral status; there was no elopement risk assessment; and did not include the Examiner's address or telephone number as required. Resident #13 had three other health assessment forms in the resident's record and all three were absent of the	{A 162}		

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COTTAGES OF PORT RICHEY (THE)	5905 PINEHILL ROAD PORT RICHEY, FL 34668

(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 162}	Continued From page 13 examination date and the Examiner's data. During an interview with the Administrator, conducted on , the Administrator verbalized agreement that Resident #7, #10, #12, #13, and #14's health assessment forms did not include all required data. Class III	{A 162}		