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
	AL11910284	A. BUILDING: _____ B. WING _____	C 08/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEISURE MANOR ALF	301 SOUTH MAIN AVENUE MINNEOLA, FL 34755

(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 biennial re-licensure with Limited Mental Health (LMH) and Emergency Power Plan (EPP) monitoring survey and complaint investigation (complaint number 2019013172) was conducted at Leisure Manor Assisted Living Facility on [redacted]. The facility had deficiencies at the time of the 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 [redacted] 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 [redacted], the facility must, pursuant to section	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 1 429.41, 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 the medication observation records were immediately updated each time a medication was offered or administered for 5 of 5 sampled residents (Residents #4, #7, #8, #9, and #10) out of total 23 residents. Findings: A record review for Resident #4 revealed that the resident was prescribed with , 250 mg (take 1 capsule by 3 times a day) and , MES 2 mg (take 1 tablet by nightly at bedtime). A review of the Medication Observation Record (MOR) for the period of through revealed that doses of , 250 mg were not documented on , , and , and doses of , MES 2 mg were not documented on , , and . A record review for Resident #7 revealed that the resident was prescribed with , 400 mg (take 1 capsule every 8 hours), 1 mg (take 1 tablet 3 times a day), , 5 mg (take 1 tablet twice a day), DR 60 mg (take 1 capsule twice a day), , 25 mg (take 1 tablet daily), , , 5 mg (take 1 tablet twice a day), , 40 mg (take 1 tablet daily), 325 mg (take 1 tablet twice a day) and 20 mg (take 1 tablet daily in the morning). A review of the MOR for the period of through revealed that doses of ,	A 054		

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A 054	Continued From page 2 400 mg were not documented on , , and , doses of 1 mg were not documented on through , doses of , 5 mg were not documented on , and , doses of DR 60 mg were not documented on and , a dose of , 25 mg was not documented on , a dose of , 5 mg was not documented on , a dose of , 40 mg was not documented on , doses of 325 mg were not documented on and , and a dose of 20 mg was not documented on . A record review for Resident #8 revealed that the resident was prescribed with , 10 mg (take 1 tablet 3 times a day) and 80 mg (take 2 tablets daily). A review of the MOR for the period of through revealed that doses of , 10 mg were not documented on , , and through , and doses of 80 mg were not documented on and . A record review for Resident #9 revealed that the resident was prescribed with , ER 500 mg (take 1 tablet three times a day). A review of the MOR for the period of through revealed that a dose of , ER 500 mg was not documented on . A record review for Resident #10 revealed that the resident was prescribed with , 5 mg (take 3 tablets per day), , , / Solution 0. mg/3 ml (inhale one dose three times a day), , 200 mg	A 054		

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A 054	Continued From page 3 (take 1 tablet daily at bed time), [illegible] DR 40 mg (take 1 tablet daily), Senexion-S 50-8.6 mg (take 1 tablet daily at night), and [illegible] 1 mg (take 1 tablet 4 times a day). A review of the MOR for the period of [illegible] through [illegible] revealed that a dose of [illegible] 5 mg was not documented on [illegible], doses of [illegible] Solution 0. mg/3 ml were not documented on [illegible], [illegible], and through [illegible], doses of [illegible] 200 mg were not documented on [illegible] and [illegible], a dose of [illegible] DR 40 mg was not documented on [illegible], a dose of Senexion-S 50-8.6 mg was not documented on [illegible], and doses of 1 mg were not documented on [illegible], [illegible], [illegible], and [illegible]. During an interview on [illegible] at 1:45 PM, the Facility Manager confirmed that there was missing documentation on the MORs for all five sampled residents. The facility manager advised that the residents were receiving their medications as scheduled and the staff were overlooking their responsibility to document on the MORs. Class III	A 054		