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
	AL11964922	A. BUILDING: _____ B. WING _____	R 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING OF PALM BEACH	4760 JOG ROAD GREENACRES, FL 33467

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{A 000}	Initial Comments An unannounced revisit to the licensure complaint survey, #2019007862, was conducted . . . . . and at Pacifica Senior Living of Palm Beach. There were uncorrected deficiencies and a new deficiency identified at the time of the 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 -⌄	{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 level checks. (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	{A 052}		

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{A 052}	Continued From page 2 discretion on the part of the unlicensed person. 58A-5.0185 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (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. (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	{A 052}		

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{A 052}	Continued From page 3	{A 052}		

medication schedule that coincides with the 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 record review and interview, the facility failed to ensure all residents received medications as physician ordered and failed to report and follow-up on missed medications, for 1 of 5 sampled residents (Resident#3).

The Findings Included:

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{A 052}	Continued From page 4 On at approximately 1:50PM, Resident#3's MORs were reviewed and revealed, Resident#3 receives Simovastatin 10mg. daily in the evening. Review of MOR's revealed a signature with a circle around it on the MOR for dates through . There was no documentation to explanation the reason medication was not given for dates through . Further review revealed circled initials for dates through for the following medications, , 30mg. to be given daily, and Furosomide 20mg to be given daily. There is no documentation on an as to why the medication was not received. Further review revealed the doctor was not notified that the medication had not been given. At this time, the facility's Nurse was interviewed, she stated she was unaware of the medication not being given for Resident#3 and that she would follow-up. On at 8:30AM there was a notation added to the MOR documenting spoke to Humanna, medication in route for the . On at approximately 1:45PM, an interview was conducted with the facility Resident Care Director (RCD), who stated he was not aware that the medication had not been given. He stated there was some issues because the medications are picked up by the son and brought to the facility. At this time, the RCD placed a call to the physician and Humana. Durign an interview with the Administrator on at approximately 2:30PM, the findings were acknowledged, and no additional documentation was provided.	{A 052}		

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{A 052}	Continued From page 5 Class III Uncorrected	{A 052}		
{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 physician's annual evaluation of the use of the medication.	{A 054}		

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{A 054}	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all Medication Observation Records (MOR) were signed immediately after medications were given, for 1 of 5 sampled residents (Resident#3). The facility also, failed to ensure MORs were documented by staff regarding any reason(s) a medication was not given to the resident, for 2 of 5 sampled residents (Resident#3 and #6). The Findings Included: On . . . . . at approximately 1:40PM, Resident#6's MOR was reviewed and revealed, on . . . . . there was no signature for the following medications: 50mg tablet to be given daily, and on . . . . . 10mg tablet to be given daily, and the MOR's were not signed. At this time, an interview was conducted with the LPN, an no explanation was given for the unsigned MOR. On . . . . . at approximately 1:50PM, Resident#3's MOR were reviewed and revealed the following. Resident#3 receives Simovastatin 10mg, daily in the evening. Review of MOR's revealed a signature with a circle around it on the MOR for dates through . There was no documentation regarding an explanation regarding the reason(s) medication was not given for dates . . . . . through . Further review revealed circled initials for dates . . . . . through . . . . . for the following medications, , 30mg. to be given daily, and Furosomide 20mg to be given daily. There is no documentation on an as to why the medication was not received. At this time, the facility's Nurse was	{A 054}		

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{A 054}	Continued From page 7 interviewed, she stated she was unaware of the medication not being given for Resident#3 and that she would follow-up. On . . . . . at 8:30AM there was a notation added to the MOR documenting spoke to Humanna, medication in route for the . On at approximately 1:45PM, an interview was conducted with the facility Resident Care Director (RCD), who stated he was not aware that the medication had not been given. He stated there was some issues because the medications are picked up by the son and brought to the facility. At this time the RCD placed a call to the physician. Durign an interview with the Administrator on at approximately 2:30PM, the findings were acknowledged, and no additional documentation was provided. Class III Uncorrected	{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	A 058		

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A 058	Continued From page 8 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. 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	A 058		

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A 058	Continued From page 9 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, it was determined that the facility failed to ensure that previously cited deficiencies regarding noncompliance with respect to Medication Practices within the facility were corrected during the revisit survey. Cross reference A 0052 and A 0054 The findings included: On [redacted] and [redacted], a revisit to licensure complaint # 2019007862 was conducted. The facility has uncorrected Class III deficiencies identified; the facility failed to follow the prescribed medication orders and failed to ensure the MORs were documented accurately. Therefore, the facility is required to obtain the services of a licensed Pharmacist for consultation services. Class III	A 058		

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