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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105320 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/29/2020 |
| NAME OF PROVIDER OF SUPPLIER HERITAGE PARK HEALTH AND REHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP 37135 COLEMAN AVE DADE CITY, FL 33525 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| <p>F 0761</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observations, policy review, and interviews the facility failed to store medications in accordance with State and Federal laws by not implementing their policy for the storage of medications as evidenced by: 1. over-the-counter medications were accessible to non-authorized personnel and 2. Schedule II medications were not stored in a double-lock system on one unit (COVID-19 Positive) of six units. Findings included: At 2:30 p.m., on 7/29/20, upon entering the COVID-19 Positive unit on the East wing, an observation was made of a cart with three open shelves located within the makeshift nursing station for the unit identified by staff as the bubble. A gray water basin was observed on the second shelf and it was filled with over the counter medication bottles labeled with the name of the medication hand-printed on the top of the caps. Staff A, Licensed Practical Nurse (LPN), stated the medications observed were over-the-counter medications and confirmed that the medication should be locked up. Staff A also identified a file cabinet on the side of the cart that contained the other prescribed medications for the COVID-19 positive residents and stated there was no room in the file cabinet for the over-the-counter medications. An observation of the opened file cabinet did identify there was no room for over-the-counter medications to be stored in the cabinet. When asked if the file cabinet held Scheduled II narcotic medications, Staff A unlocked the one lock and pulled open the drawers, revealing multiple pharmacy-filled blister packs of medications and stated that it did. Staff A confirmed Schedule II narcotic medications were to be stored in a double-locked system. Immediately following the observation, the Director of Nursing (DON) was interviewed regarding observations that were made on the COVID-19 Positive unit. During the interview the DON confirmed over-the-counter medications were to be in a locked area and stated that the unit does have a file cabinet with a lock. When asked if Schedule II narcotics were to be stored with a double-lock system, the DON stated, Yes. The policy titled, Storage of Medications, dated October 2019, identified that, Drugs and biologicals should be stored in a safe, secure, and orderly manner. The Policy Interpretation and Implementation identified the following: - Compartments containing drugs and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended. (Compartments include, but are not limited to drawers, cabinets, rooms, refrigerators, carts, and boxes.) - All controlled drugs are stored under double-lock and key.</p> | | |

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.