STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106019	A. BUILDING _____ B. WING _____	**09/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LODGE AT CYPRESS COVE, THE	**10500 CYPRESS COVE DR FORT MYERS, FL 33908**

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)
F 0554 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Allow residents to self-administer drugs if determined clinically appropriate.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, resident and staff interview the facility failed to complete an assessment to determine the ability to self-administer medications for 1 (Resident #28) of 1 resident observed with unsecured medication at the bedside. The facility also failed to promote the resident's right and assess the resident's ability to self-administer medications for 1 (Resident #28) of 1 resident who requested to self-administer medications. The findings included: Review of the policy and procedure titled Self-Administration of Medication issued 11/1/01, last revised 6/2018 showed: Policy It is the policy of Cypress Cove to provide guidelines allowing residents to self-administer drugs safely and correctly when they request unless such practice is deemed unsafe. Residents may self-administer physician ordered bedside drugs after the interdisciplinary team has determined that this practice is safe. Guidelines: 1. If the resident requests to self-administer drugs, the nurse will notify the Director of Nursing or designee. The Director of Nursing or designee will complete the 'Self-Medication' form, and explain to the resident that the form will be reviewed by members of the interdisciplinary team. On 9/8/20 at 9:37 a.m., an unsecured bottle of [MEDICATION NAME] tablets (medication used to treat episodes of chest pain) was observed on Resident #28's dresser. He said the cardiologist prescribed the medication and told him to carry it at all times in case he experienced chest pain. Resident #28 said the nurses at the facility managed his medications and they were aware he carried the [MEDICATION NAME]. Resident #28 said no one gave him a locked box to safeguard the medication. On 9/8/20 at 9:40 a.m., during an interview Licensed Practical Nurse Staff D verified the observation and said Resident #28 did not have an evaluation for self-administration of medications. She said the [MEDICATION NAME] was not included in the physician's orders [REDACTED].#28 said he'd been carrying his [MEDICATION NAME] for the past [AGE] years but the nurse suddenly took it away from him and said it was against the rules to have it with him. He said the nurse told him to ask for the medication when he wanted it. Resident #28 said It doesn't make sense. Whatever happened to common sense? I leave the facility to go get [MEDICAL CONDITION] for [MEDICAL CONDITION]. If I have chest pain and I need a nitro when I am away from the facility I would have to call here and wait for the nurse to bring it to me. Resident #28 also said he was supposed to [MEDICATION NAME] each meal and had to ask for it. He said he'd asked the nurse several times to let him carry [MEDICATION NAME] he can take it when he was away from the facility, but they had refused.[MEDICATION NAME] a prescription medicine used to treat people who could not digest food normally because their pancreas did not make enough enzymes. Resident #28 said if he knew they would take his medications and not allow him to carry them, he would have hidden them. Resident #28 said when he went to the treatment center, he was away from the facility for 4 to 5 hours and ate at the treatment center, but he did not get the Creon. Review of the Medication Administration Record [REDACTED]. Review of the MAR for 9/2020 revealed on 9/2/20 and 9/9/20 at 11:00 a.m., the nurse documented the resident was absent from the facility without medications. On 9/10/20 at 11:30 a.m., during an interview the Director of Nursing said she was not aware the resident wanted to self-administer his medications. She said when he left the facility and he's going to be gone for a long time the facility sent a lunch with him. She verified the resident did not receive [MEDICATION NAME] ordered when he left the facility to go to the treatment center. On 9/10/20 at 12:20 p.m., during an interview the Dietary Manager said when Resident #28 left the facility for his treatments they generally sent a sandwich with him. On 9/10/20 at 1:15 p.m., the Director of Nursing said the facility did not have a plan in place to ensure Resident #28 received the [MEDICATION NAME] ordered with his lunch meal when he was away from the facility at lunch time for his [MEDICAL CONDITION]. She said the facility did not notify the physician that Resident #28 had not been receiving the medication as ordered.
F 0756 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and resident and staff interview the consultant pharmacist failed to make recommendation for medication omission during the monthly drug regimen review for 1 (Resident #28) of 6 residents reviewed for unnecessary medications. The findings included: The facility's policy and procedure for Quality Reporting: Drug Regimen Review issued on 9/25/18 showed The pharmacy consultant will review the medical record for documentation that supports that a drug regimen review was conducted, and that any clinically significant medication issues identified were addressed in a timely manner. On 9/10/20 at 10:55 a.m., during an interview Resident #28 said he was supposed to [MEDICATION NAME] each meal and had to ask for it.[MEDICATION NAME] a prescription medicine used to treat people who could not digest food normally because their pancreas did not make enough enzymes. He said he'd asked the nurse several times to let him carry [MEDICATION NAME] he can take it when he was away from the facility, but they had refused. Resident #28 said when he went to the treatment center for [MEDICAL CONDITION], he was away from the facility for 4 to 5 hours. He ate at the treatment center but, he did not get the Creon. Review of the Medication Administration Record [REDACTED]. Review of the MAR for 9/2020 revealed on 9/2/20 and 9/9/20 at 11:00 a.m., the nurse documented the resident was absent from the facility without medications. On 9/10/20 at 11:30 a.m., during an interview the Director of Nursing said she was not aware the resident wanted to self-administer his medications. She said when he left the facility and he's going to be gone for a long time the facility sent a lunch with him. She stated, I've seen it myself. She verified on the MAR indicated [REDACTED]. On 9/10/20 at 12:20 p.m., during an interview with the Dietary Manager she said when Resident #28 left the facility for his treatments they gave him a lunch to take with him. she said generally it's a sandwich. On 9/10/20 at 1:15 p.m., the Director of Nursing said the facility did not have a plan in place to ensure Resident #28 received the [MEDICATION NAME] ordered with his lunch meal when he was away from the facility at lunch time for his [MEDICAL CONDITION]. She said the facility did not notify the physician Resident #28 had not been receiving the medication as ordered. Review of the Consultant Pharmacist's Medication Regimen Review for 8/2020 revealed no recommendation for Resident #28. On 9/10/20 at 1:30 p.m., during an interview the Consultant Pharmacist said if she had noticed they were not giving the medication when he went to [MEDICAL CONDITION] center, then she would have made the recommendation for him to receive it. On 9/10/20 at 2:10 p.m., during a second telephone interview the Consultant Pharmacist said she reviewed Resident #28's MARs but did not notice the omissions. She said if she had she would have certainly said something to the facility. The Consultant Pharmacist said she reviewed the clinical record and did not see documentation that Resident #28 suffered from any gastrointestinal symptoms. She also reviewed the medication insert and it says they cannot double the next dose to make up for the missed dose of medication. She repeated she did not notice the missed doses [MEDICATION NAME] would have made a recommendation if she had seen it. Although, she did say she did not think the few omissions were significant.
F 0761 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**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**

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106019	A. BUILDING _____ B. WING _____	**09/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LODGE AT CYPRESS COVE, THE	**10500 CYPRESS COVE DR FORT MYERS, FL 33908**

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)
F 0761 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) **in locked compartments, separately locked, compartments for controlled drugs.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of the facility's medication storage policy the facility failed to appropriately manage expired drugs and biologicals for 2 of 2 med cart reviews. The findings included: Policies and procedures-Pharmacy Services for Nursing Facilities 2006 American Society of Consultant Pharmacists and MED-PASS, INC. (Revised January 2018) When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated. 1. The nurse shall place a date opened sticker on the medication and enter the date opened and the new date of expiration (Note: the best stickers to affix contain both a date opened and expiration notation line). The expiration date of the vial or container will be (30) days unless the manufacturer recommends another date or regulations/guidelines require different dating. 2. The nurse will check the expiration date of each medication before administering it. 3. No expired medication will be administered to a resident. 4. All expired medications will be removed from active supply and destroyed in the facility, regardless of amount remaining. The medication will be destroyed in the usual manner. 1. On 9/9/20 at 10:47 a.m., a side by side review of the medication cart in the Green Unit was conducted with Registered Nurse Staff B on the Green Unit. There was an opened bottle of Pro-Stat Liquid Protein- Nutrition Management (Concentrated protein for wound care) opened on 9/8/20, with an expiration date of 6/26/20. 2. On 9/9/20 at 1:25 p.m., a side by side review of cart in Tan Unit was conducted with Licensed Practical Nurse Staff C on the Tan Unit. There was an opened bottle of Geri-[MEDICATION NAME] DM (a cough suppressant [MEDICATION NAME]), with an expiration date of 4/20. On 9/10/20 at 10:53 a.m., an interview was conducted with the Director of Nursing (DON) and the Assistant Director of Nursing who confirmed the findings.