

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105293	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2024
NAME OF PROVIDER OR SUPPLIER Egret Cove Center		STREET ADDRESS, CITY, STATE, ZIP CODE 550 62nd St S Saint Petersburg, FL 33707	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>14161</p> <p>Based on observations, interviews and record review, the facility did not ensure timely administration of medications for two Residents (#2 and #3) of two Residents reviewed for receipt of prescribed medications and for two of two medication administration passes observed, resulting in thirty-one residents receiving medications outside of the facility's medication timing parameters.</p> <p>Findings Included:</p> <p>1. A review of Resident #2's Medication Administration Audit Report for the month of October 2024 indicated the following:</p> <p>On 10/8/24, the following medications were scheduled to be administered at 9:00 a.m. and were documented on the Medication Administration Audit Report as administered at the following times:</p> <ul style="list-style-type: none"> - Celebrex oral capsule 200 mg (milligrams), give 200 mg by mouth two times a day for moderate pain: Documented as administered at 10:54 a.m. - Lidocaine External patch 5%, apply to lower back topically one time a day for lower back pain, remove at 2100: Documented as administered at 10:56 a.m. - Allopurinol oral tablet 300 mg, give 1 tablet by mouth one time a day for gout: Documented as administered at 10:54 a.m. - Omeprazole oral capsule delayed release 20 mg, give 40 mg one time a day for GERD (Gastroesophageal reflux disease.): Documented as administered at 10:54 a.m. - Digoxin oral tablet 125 mcg (micrograms), give 1 tablet by mouth one time a day for Afib (Atrial Fibrillation.): Documented as administered at 10:54 a.m. <p>On 10/8/24, the following medications were scheduled to be administered at 1700 hours (5:00 p.m.) and were documented on the Medication Administration Audit Report as administered at the following times:</p> <ul style="list-style-type: none"> - Celebrex oral capsule 200 mg: Documented as administered at 1936 hours (7:36 p.m.) <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Rivaroxaban oral tablet 20 mg, give 20 mg by mouth in the evening for Afib: Documented as administered at 1937 hours (7:37 p.m.)</p> <p>On 10/9/24, the following medications were scheduled to be administered at 2100 hours (9:00 p.m.) and were not documented on the Medication Administration Audit Report as administered:</p> <ul style="list-style-type: none"> - Xarelto Tablet (Rivaroxaban), give 5 mg by mouth at bedtime for preventative measure. - Rosuvastatin Calcium oral tablet 5 mg, give one tablet by mouth at bedtime for HLD (Hyperlipidemia) - Metoprolol Succinate oral tablet, give 75 mg by mouth at bedtime for HTN (Hypertension). <p>On 10/10/24, the following medications were scheduled to be administered at 1700 hours (5:00 p.m.) and were documented on the Medication Administration Audit Report as administered at the following times:</p> <ul style="list-style-type: none"> - Celebrex oral capsule 200 mg, give 200 mg by mouth two times a day for moderate pain: Documented as administered at 0015 hours (12:15 a.m.) on 10/11/24. - Rivaroxaban oral tablet 20 mg, give 20 mg by mouth in the evening for Afib: Documented as administered at 0021 hours (12:21 a.m.) on 10/11/24. <p>On 10/10/24, the following medications were scheduled to be administered at 2100 hours (9:00 p.m.) and were documented on the Medication Administration Audit Report as administered at the following times:</p> <ul style="list-style-type: none"> - Metoprolol Succinate 25 mg oral tablet, give 75 mg by mouth at bedtime for HTN: Documented as administered at 0018 hours (12:18 a.m.) on 10/11/24. - Rosuvastatin Calcium oral tablet 5 mg, give one tablet by mouth at bedtime for HLD: Documented as administered at 0016 hours (12:16 a.m.) on 10/11/24. <p>On 10/14/24, the following medications were scheduled to be administered at 0900 hours (9:00 a.m.) and were documented on the Medication Administration Audit Report as administered at the following times:</p> <ul style="list-style-type: none"> - Celebrex oral capsule 200 mg, give 200 mg by mouth two times a day for moderate pain: Documented as administered at 11:05 a.m. - Lidocaine External patch 5%, apply to lower back topically one time a day for lower back pain, remove at 2100: Documented as administered at 11:06 a.m. - Allopurinol oral tablet 300 mg, give 1 tablet by mouth one time a day for gout: Documented as administered at 10:34 a.m. - Omeprazole oral capsule delayed release 20 mg, give 40 mg one time a day for GERD: Documented as administered at 11:05 a.m. <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/3/24 at 11:20 a.m., an observation and interview were conducted with Staff B, LPN/UM at med cart 1 pulling medications to assist Staff C, RN. Staff B, LPN/UM stated he was pulling the medications for the residents and Staff C, RN was distributing them to the residents. Staff B, LPN/UM stated the electronic chart was logged in under Staff C, RN's name, but would not state who was documenting in the MAR.</p> <p>On 12/3/24 at 11:30 a.m., an interview was conducted with the DON. The DON stated medication administration should be conducted with one nurse pulling the medication, administering the medication, and documenting the medication. If two nurses are administering from the same cart, an extra computer should be available, or the screen could be split and logged under each nurse individually.</p> <p>On 12/3/24 at 12:20 p.m., an interview was conducted with the ADON. The ADON stated the Medical Director was notified of all the late medication administration for 12/3/24, but the individual physicians for the residents had not. The DON stated the individual physicians will be notified for the late medications for 12/3/24 as well as the late medications from 12/2/24.</p> <p>A review of Resident #3's Medication Administration Audit Report for the month of October 2024 showed medications were administered late on the following dates and times:</p> <ul style="list-style-type: none"> - 10/7/24: four medications during the 4:00 p.m., 4:30 p.m., and 5:00 p.m. medication passes. - 10/8/24: 19 medications during the 9:00 a.m., 4:30 p.m., 5:00 p.m., and 9:00 p.m. medication passes. - 10/9/24: three medications were scheduled to be administered at 9:00 p.m. and were not administered. - 10/10/24: 10 medications during the 11:30 a.m., 4:00 p.m., 4:30 p.m., 5:00 p.m., and 9:00 p.m. medication passes. - 10/13/24: four medications during the 4:00 p.m., 4:30 p.m., and 5:00 p.m. medication passes. - 10/14/24: 14 medications during the 9:00 a.m. medication pass. - 10/18/24: 19 medications during the 9:00 a.m., 4:00 p.m., 4:30 p.m., 5:00 p.m., and 9:00 p.m. medication passes. - 10/21/24: 15 medications during the 9:00 a.m., 11:00 a.m., and 1:00 p.m. medication passes. - 10/22/24: 16 medications during the 7:00 a.m., 9:00 a.m., and 11:00 a.m. medication passes. <p>A review of Resident #3's Progress Notes for the month of October 2024 did not include notification to the resident's primary physician regarding late administration of medications. (Photographic Evidence Obtained)</p> <p>An interview was conducted with the DON, ADON, and Regional Nurse, on 12/3/24 at 5:10 p.m. regarding the late medications for Residents #2 and #3 for October 2024. There was no explanation provided as to why the medications were administered late on the specific dates.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's policy and procedure titled, Medication Administration General Guidelines, dated 9/2018 showed the following procedures under the section titled, Medication Administration, to include but not limited to:</p> <p>3. Medication administration timing parameters include the following:</p> <p>a. Medications to be given on an empty stomach or before meals are not to be scheduled for administration 30 minutes to two hours prior to meals.</p> <p>b. Medications to be given with meals are to be scheduled for administration at the resident's mealtimes.</p> <p>c. Medications to be given after meals or with food are to be scheduled for administration immediately after and up to two hours after meals or with a snack .</p> <p>d. Medications to be given at bedtime are to be scheduled for administration up to one hour prior to the resident's scheduled bedtime.</p> <p>.</p> <p>5. The person who prepares the dose for administration is the person who administers the dose.</p> <p>.</p> <p>14. Medications are administered within 60 minutes of scheduled time, except before or after meal orders, which are administered based on mealtimes. Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the nursing care center. Medications should not be given at mealtime or in the dining room unless specifically ordered with meal.</p> <p>The policy and procedure also revealed the following under the section titled, Documentation:</p> <p>1. The individual who administers the medication dose records the administration on the residents MAR immediately following the medication being given. In no case should the individual who administered the medication report off duty without first recording the administration of any medications.</p> <p>A review of the facility's policy titled Physician Notification, effective October 2021, showed the following policy statement: The facility strives to ensure each resident's health is supervised by a qualified attending physician. The attending physician in the facility is ultimately responsible for supervision and management of the care of the resident/patient. A review of this policy's Procedure showed:</p> <p>1. Licensed Nurses will ensure the physicians are notified of changes or diagnostic results that occur between visits. Changes may include but are not limited to:</p> <p>- Any time a medication is not administered as ordered.</p>		