

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106003	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Lady Lake Specialty Care Center and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 630 Griffin Avenue Lady Lake, FL 32159	

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 - Many</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41334</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were labeled and stored in accordance with professional standards of practice in 6 of 6 medication carts reviewed for medication storage.</p> <p>Findings include:</p> <p>During an observation of Medication Cart #1 on [DATE] at 8:40 AM with Staff A, Licensed Practical Nurse (LPN), there were one opened Humalog insulin with no date opened or expiration date, one opened Lispro insulin with no date opened or expiration date, two unopened Aspart insulin with pharmacy instructions to refrigerate until opened, one opened bottle of olopatadine eye drops with no date opened or expiration date, one opened bottle of Prednisolone eye drops without the original pharmacy packaging and no date opened or expiration date, and two opened bottles of artificial tears with no dates opened or expiration dates.</p> <p>During an observation of Medication Cart #2 on [DATE] at 8:51 AM with Staff A, LPN, there were one opened Humalog insulin with no date opened or expiration date, one opened Lantus insulin with no date opened or expiration date, and one opened Humulin N insulin with date opened of [DATE] with pharmacy instructions to discard after 42 days.</p> <p>During an interview on [DATE] at 8:52 AM, Staff A, LPN, stated, Eye drops and insulin should have labels and dates when opened or when they should expire. Expired insulin should not be on the cart.</p> <p>During an observation of Medication Cart #3 on [DATE] at 8:58 AM with Staff B, LPN, there were one opened Latanoprost eye drops with no date opened or expiration date, one unopened latanoprost eye drops with pharmacy instructions to refrigerate until opened, and one opened Lispro insulin with no date opened or expiration date.</p> <p>During an observation of Medication Cart #4 on [DATE] at 9:05 AM with Staff B, LPN, there were two unopened Humalog insulin with pharmacy instructions to refrigerate, two opened Latanoprost eye drops with no dates opened or expiration dates, one opened Timolol eye drops with no date opened or expiration date, and one opened Brimonidine eye drops with no date opened or expiration date.</p> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106003	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Lady Lake Specialty Care Center and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 630 Griffin Avenue Lady Lake, FL 32159	
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 - Many</p>	<p>During an interview on [DATE] at 9:07 AM, Staff B, LPN, stated, We do label all insulin and eye drops with the date we open them, and any medications should be thrown out if they are expired. Insulin should stay in the refrigerator until it is opened.</p> <p>During an observation on [DATE] from 9:12 AM through 9:18 AM, Medication Cart #5 was unlocked and unattended. At 9:18 AM, Staff C, LPN, returned to the medication cart. During the period the medication cart was unattended, there were three staff members and two residents passing by the medication cart.</p> <p>During an interview on [DATE] at 9:18 AM, Staff C, LPN, stated, I shouldn't have left the cart unlocked.</p> <p>During an observation on [DATE] from 9:21 AM through 9:26 AM, Medication Cart #6 was unlocked and unattended. At 9:26 AM, Staff D, Registered Nurse (RN), returned to the medication cart. There were one opened Ofloxacin 0.3% eye drops with no date opened or expiration date, seven bottles of artificial tears with no dates opened or expiration dates, and one unopened Lantus insulin with pharmacy instructions to refrigerate until opened.</p> <p>During an interview on [DATE] at 9:28 AM, Staff D, RN, stated, I should not have left the cart unlocked. We should not have any meds unlabeled. It [insulin] should be in the refrigerator.</p> <p>During an interview on [DATE] at 10:02 AM, the Director of Nursing stated, I expect that all staff will have the medication carts locked at all times when they are away from the carts. All medications should be labeled when they are opened and discarded if they have expired. I expect them to follow our policies.</p> <p>Review of the facility policy and procedure titled Medication/Biological Storage issued on [DATE] read, Policy: It will be the policy of this facility to store medications, drugs and biologicals in a safe, secure and orderly manner. Procedure . 4. The facility should not use discontinued, outdated or deteriorated medications, drugs or biologicals . 7. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts and boxes) containing medications, drugs, and biologicals shall be locked when not in use and trays or carts used to transport such items shall not be left unlocked if out of a nurse's view . 10. Medications requiring refrigeration must be stored in a refrigerator located in a drug room at the nurses station or other secured location. Medications must be stored separately from food and must be labeled accordingly.</p>		