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
	AL11968283	A. BUILDING: _____ B. WING _____	R 12/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATTY'S HOUSE 4, LLC	2805 JERRY SMITH RD DOVER, FL 33527

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to biennial survey was done at Patty's House #4 Assisted Living Facility on . Patty's House #4 Assisted Living Facility had deficient practice identified at the time of the survey.	{A 000}		
{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	{A 054}		

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{A 054}	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on records review and interview, the facility failed to maintain a daily medication observation record (MOR) for three of three residents who receive assistance with self-administration of medications. Findings Included: A review of the MORs for residents for . . . . . showed no indicated or documentation that Residents #1, #2 and #3 medications were given. The Administrator was interviewed at 11:45 PM on . . . . . concerning the omissions in Residents' #1, #2 and #3 MORs. The Administrator reviewed the MORs, acknowledged the omissions, and stated, " I can't believe I did it again!, don't tell me I didn't sign the book!" The Administrator confirmed she gave medications to Residents #1, #2 and #3 during the morning medication pass and did not sign the MOR's. Class III	{A 054}		