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
	AL11965363	A. BUILDING: _____ B. WING _____	R 05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCES OF BRANDON MEMORY CA	1819 PROVIDENCE RIDGE BLVD. BRANDON, FL 33511

(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 third revisit to and and and extended congregate care and limited nursing services monitoring visit, in conjuction with a complaint (#2022002400) were conducted at , Residence of Brandon Memory Care on . Deficiencies were identified at the time of survey.	{A 000}		
{A 054} SS=D	59A-36.008(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	{A 054}		

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{A 054}	Continued From page 1 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to immediately update Medication Observation Records (MORs) each time a medication was offered to two Residents (#16 and #17) of three sampled residents that required assistance with self-administration of medications. Findings Included: A MORs review for Resident #16, conducted on , revealed that Resident #16's MORs had medications that were not documented as given to the resident. The medications included: - Acidophilus/Tab on at 9:00 am and at 5:00 pm 10 milligram on and 02- at 7:00 pm 81 milligram on at 9:00 am 10 milligram on and 02- at 7:00 pm Ensure 1 can on at 9:00 am 325 milligram on at 9:00 am Sod 100 microgram on -22 at 6:00 am A MORs review for Resident #17, conducted on , revealed that Resident #17's MORs had medications that were not documented as given to the resident. The medications included: 0.5 milligram on at 9:00 am	{A 054}		

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{A 054}	Continued From page 2 Atorvasatin 20 milligram on and 02- at 7:00 pm Lubiprostone 24 microgram on at 9:00 am ER 100 milligram on at 7:00 am and at 7:00 pm 50 milligram on at 8:00 am and and at 8:00 pm 100 milligram on and 02 - at 7:00 pm 10 milligram on at 9:00 am and and at 7:00 pm 100 milligram on at 9:00 am and and at 7:00 pm An interview with the Director of Nursing conducted on at 2:55 pm she confirmed that there are holes in the MORS for Residents #16 and #17 and that there was no notations explaining why the medication was not given on those days and times. Class III	{A 054}		