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
	AL11969717	A. BUILDING: _____ B. WING _____	R 06/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEACOAST AT UPTOWN OAKS	12250 N 22ND STREET TAMPA, FL 33612

(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 a complaint survey (complaint numbers 2022005024) was conducted at Seacoast at Uptown Oaks 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 [illegible] 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 [illegible], 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 medication.	{A 054}		

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{A 054}	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to update Medication Observation Records (MORs) immediately each time medications were offered to 2 (Resident #1, Resident #2) of 3 sampled residents. Findings Included: A review of Resident #1's MORS conducted on [redacted] revealed that Resident #1's MORs had medications not documented as given as prescribed: " [redacted] tab 100 mg on [redacted] at 1700 " [redacted] tab10mg on [redacted] at 1700 " [redacted] tab 7.5 mg on [redacted] at 1700 A review of Resident #2's MORs, conducted on [redacted], revealed that Resident #2's MORs had medications not documented as given as prescribed: " [redacted] Tab 150mg on [redacted]: at 2200 "Ferosul Tab 325MG on [redacted] at 800 and 1700 "Ferosul Tab 325MG on [redacted] at 800 " [redacted] 325MG Tab on [redacted] at 1700 "Fersosul tab 325MG on [redacted] at 1700 " [redacted] Tab 5MG on [redacted] at 1700 " [redacted] Cap 300MG on [redacted] at 1700 " [redacted] Tab 5mg on [redacted] at 1700 " [redacted] Tar Tab 25MG on [redacted] at 2100 "Rosuvastatin Tab 10MG on [redacted] at 2000 " [redacted] Tab 50MG on [redacted] at 1700	{A 054}		

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{A 054}	Continued From page 2 " . . . / . . . . . 8. . . MG Tab on . . . . . at 1700 "Rosuvastatin Tab 10MG on . . . . . at 2000 " AER HFA at on . . . 1700 and 2100 " AER HFA on and . . . . . at 2100 "Doxycycl HYC CAP 100MG on . at 0800 and 1700 " Cap 75mg at on 0800 and 1700 During an interview conducted on . . . . . at 10:15am with the Resident Care Coordinator she confirmed there were blanks observed in the MORs. Class III	{A 054}		