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
	AL11965107	A. BUILDING: _____ B. WING _____	C 05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMPA GARDENS SENIOR LIVING	16702 NORTH DALE MABRY HWY TAMPA, FL 33618

(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 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document	A 078		

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A 078	Continued From page 1 observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain evidence that employees were free from . . . . . and failed to obtain a one-time statement that the employees were free from communicable . . . . . from a health care provider for two employees (Staff A and Staff B) of five sampled employees. Findings Included: A record review for Staff A and B, conducted on , revealed that Staff A and Staff B's employee records did not include evidence that the employees were free from . Staff	A 078		

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A 078	Continued From page 2 A and B's record did not include a one-time statement from a health care provided that the employees were free from communicable . Staff A was hired on . Staff B was hired on . During an interview with the Administrator, conducted on at 11:05am, the Administrator agreed that Staff A and Staff B's employee records did not include evidence that the employees were free from . The Administrator agreed that Staff A and B's employee records did not have a one one-time statement from a health care provided that the employees were free from communicable . Class III	A 078		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , and , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training	A 086		

Agency for Health Care Administration

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A 086	Continued From page 3 providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b)	A 086		

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A 086	Continued From page 4 of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a	A 086		

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A 086	Continued From page 5 program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide four hours of trainings regarding and related level-I and level-2, within the required timeframes for two employees (Staff A and Staff C) of five sampled employees. Findings Included: A record review for Staff A, conducted on , revealed that Staff A did not have evidence that the employee obtained four hours of training regarding 's and related level-II training within nine months of employment. Staff A was hired on . A record review for Staff C, conducted on , revealed that Staff C did not have evidence that the employee obtained four hours of training regarding 's and related level-I within three months of employment. Staff C did not have evidence that the employee obtained four hours of training regarding 's and related level-II within nine months of employment. Staff C was hired on .	A 086		

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A 086	Continued From page 6 During an interview with the Administrator, conducted on [redacted] at 11:05am, the Administrator agreed that Staff C did not have evidence in the employee's record that the employee obtained four hours of training regarding [redacted]'s [redacted] and related [redacted] level-1 within three months of employment. The Administrator agreed that Staff A and Staff C did not have evidence in the employee records that the employees obtained four hours of training regarding [redacted]'s [redacted] and related [redacted] level-2 within nine months of employment. Class III	A 086		
A 000	Initial Comments A Biennial Survey in conjunction with a generator monitoring visit was conducted on [redacted] at Tampa Gardens Senior Living. Deficiencies were identified at the time of the survey.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations	A 010		

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A 010	Continued From page 7 in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical	A 010		

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A 010	Continued From page 8 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which	A 010		

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A 010	Continued From page 9 is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,	A 010		

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A 010	Continued From page 10 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain an interdisciplinary care plan developed and implemented by hospice in consultation with the facility that specified the services provided by hospice and those provided by the facility and agreed upon by the hospice, the facility, and the resident (or responsible party) for one Resident (#1) of one sampled resident admitted to hospice services. Furthermore, the facility failed to discharge a resident with a [illegible] (or higher), [illegible] after the condition failed to improve within thirty days for one Resident (#5) of one sampled resident with a [illegible] (or higher), [illegible]. Findings Included: A record review for Resident #1, conducted on	A 010		

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A 010	Continued From page 11 , revealed that Resident #1 was admitted to the facility on . Resident #1 was admitted to hospice on an unknown date. The date of the resident's admission to hospice was not noted in Resident #1's record. Resident #1's record did not include an interdisciplinary care plan developed and implemented by hospice in consultation with the facility that specified the services provided by hospice and those provided by the facility and agreed upon by the hospice, the facility, and the resident (or responsible party). Resident #1's health assessment form dated did not include information that Resident #1 required the use of or the Examiner's telephone number or address. A record review for Resident #5, conducted on , revealed that Resident #5 was admitted to the facility on . Resident #5 was admitted into home health services for treatment of a , on an unknown date. The date of the resident's admission to home health was not noted in Resident #5's record. Resident #5's health assessment had no date of the examination and did not include that the resident had a , or higher, to the , (tailbone). Resident #5's record noted that the earliest documentation of the , was on and continued through . Resident #5's record did not note when the , was found or the staging of the , . There was no evidence of improvement of Resident #5's , from through and only slight improvement from through . The measurements included = 1.2 x 0.4 x 0.1, = 1.2 x 0.4 x 0.1, = 1.0 x 0.4 x 0.1, and = 0.9 x 0.3 x 0.1. The measurements did not include the units of	A 010		

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A 010	Continued From page 12 the measurements. The was no evidence that Resident #5 was admitted to hospice services. A review of pressures injuries/sores found at https://www.hopkinsmedicine.org/health/condition s-and /pressure- copyright date 2023, conducted on , revealed that pressure injuries, , or , can develop when confined to a bed or a chair and have limited move that restricts the flow to the skin and tissue under pressure which may cause the area to break down until a appears. The article noted that if found and treated quickly, pressure injuries should heal within a matter of weeks and if left untreated, they can quickly worsen. The article noted that pressure injuries had four stages which included: : A red, blue, or purplish area first appears on the skin like a . It may feel warm to the touch and or itch. : The becomes an open that looks like an or . The skin around the can be discolored and the area is painful. : The deepens and looks like a crater, often with dark patches of skin around the edges. : The damage extends to the , bone, or joints and can cause a serious of the bone, known as , . It can also lead to a potentially life-threatening of the called , .	A 010		

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A 010	Continued From page 13 During an interview with the Administrator, conducted on [redacted] at 01:30pm, the Administrator agreed that Resident #1's record did not include an interdisciplinary care plan developed and implemented by hospice in consultation with the facility that specified the services provided by hospice and those provided by the facility and agreed upon by the hospice, the facility, and the resident (or responsible party). The Administrator agreed that Resident #5's [redacted] had no improvement from [redacted] through [redacted] and only slight improvement from [redacted] through [redacted]. The Administrator was unable to provide documentation related to the stage of Resident #5's [redacted]. The Administrator agreed that Resident #1's health assessment form did not include the resident's required [redacted] need and the Examiner's telephone number or address. The Administrator agreed that Resident #5's health assessment form did not include Resident #5's [redacted] (or higher) [redacted] or the date of the examination. Class III	A 010		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar	A 032		

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	AL11965107	A. BUILDING: _____ B. WING _____	C 05/02/2023

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A 032	Continued From page 14 days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including	A 032		

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A 032	Continued From page 15 specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that elopement drills were performed at least twice annually. Furthermore, the facility failed to ensure that all direct care staff and administration participated in the elopement drills. Findings Included: A review of the facility's elopement drills, conducted on . . . . . , the facility's documented elopement drills revealed that the elopement drills were not performed at least twice annually and did not include all direct care staff and administration (photographic evidence obtained). There was an elopement drill conducted on . . . . . in which there were twenty-four of thirty-nine direct care staff and administration that had participated. The last elopement drill was performed on . During an interview with the Maintenance Director, conducted on . . . . . at 11:42am, the Maintenance Director stated that there was an elopement drill that was conducted on Easter Sunday, but the drill was not documented. The	A 032		

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A 032	Continued From page 16 Maintenance Director stated that the last documented elopement drill prior to the ..... elopement drill was on ..... . During an interview with the Administrator, conducted on at 02:02pm, the Administrator agreed that the elopement drills were not performed at least twice annually and did not include all direct care staff and administration. Class III	A 032		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the	A 056		

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A 056	Continued From page 17 circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be	A 056		

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A 056	Continued From page 18 kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to have all residents' medications properly labeled with the resident's name, practitioner's name, and the medication's name, dose, directions of use, expiration date, and the date it was dispensed for one Resident (#10) of one sampled resident. Finding included: During an observation of the medication pass with Staff D, conducted on [redacted] at 12:20pm, Staff D obtained a bottle of [redacted] solution and brought it to Resident #10. There was no medication label on the bottle.	A 056		

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A 056	Continued From page 19 During an interview with Staff D, conducted on at 12:25pm, Staff D agreed that Resident #10's solution did not have a medication label that included the resident's name, practitioner's name, and the medication's name, dose, directions of use, expiration date, and the date it was dispensed. During an interview with the Administrator, conducted on at 02:10pm, the Administrator reviewed Resident #10's solution via a photograph. The Administrator agreed that the medication did not have a medication label that included the resident's name, practitioner's name, and the medication's name, dose, directions of use, expiration date, and the date it was dispensed. The Administrator agreed that all residents' medications should be properly labeled. Class III	A 056		