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
	AL11965317	A. BUILDING: _____ B. WING _____	C 02/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYOU GARDENS	1585 CURLEW RD. DUNEDIN, FL 34698

(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 complaint investigation (#2023018354) was conducted at Bayou Gardens Dunedin on . Deficiencies were identified at the time of the visit.	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 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 maintain daily Medication Observation Records (MORs) that were updated accurately when medications were given to eight (Resident # 6, Resident #11, Resident #12, Resident #13, Resident #14, Resident #15, Resident #16 and Resident #17) of eight sampled residents. Findings Included: In an interview with Resident #6 conducted on at 10:21am he said that he had gone days without a refill of his medication and three days without his , medication. In a record review of the , MORs for Resident #6 conducted on there were blanks on and next to doses of prescribed , medication. A record review of the , MORs conducted on for Resident #11, Resident #12, Resident #13, Resident #14, Resident #15, Resident #16 and Resident #17 revealed blanks next to multiple prescribed medications. (Photo Evidence Obtained) In an interview with Staff A conducted on at 11:30am she said there should not be holes on the MOR for prescribed medications and that the policy is that something is always entered on the MOR. In an interview with the Administrator conducted on at 11:53am she said medications should be signed off each time they are given and there should not be holes on the MOR.	A 054		

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A 054	Continued From page 2 Class III	A 054		