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
	AL11968298	A. BUILDING: _____ B. WING _____	R 07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK VILLAGE	1801 MONASTERY RD ORANGE CITY, FL 32763

(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 the relicensure survey at Oak Village was conducted on . Deficiencies were identified at the time of the 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 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	A 054		

This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure medication observation records (MORs) were accurate for 1 of 3 residents observed receiving assistance with self-administration of medications. (Resident #3)

The findings include:

Record review of the , MOR for Resident #3 found an entry for , 375 MG DR with instructions to take 1 tablet by twice a day as needed for , with no time listed.

Further review of the , MOR for Resident #3 found the , was given once per day on , and . It was not given at all on .

An observation of Employee A assisting Resident #3 with her medication on at 8:50 AM. The label on the bottle of , found instructions to give the , 375 MG twice a day. She was asked to about the , order due to the label's instructions to give twice a day, and the MOR entry indicating it was as needed. Employee A acknowledged the label and MOR did not match, but couldn't provide the order.

During a telephone interview with the Administrator on at 9:50 AM she was notified the MOR did not match the label on the bottle for the , . She stated she though the medication was scheduled.

Record review of the medication list for Resident #3 dated found the , 375 MG

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A 054	Continued From page 2 tablet delayed release had instructions to take one tablet twice a day, not as twice a day as needed. Photographic evidence obtained. Class III	A 054		