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
	AL11969042	A. BUILDING: _____ B. WING _____	R 07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA ASSISTED LIVING, LLC	624 BARBER AVE LAKE WORTH, FL 33461

(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 An unannounced revisit to the Relicensure survey was conducted on at Bethesda Assisted Living, LLC. The facility had an uncorrected deficiency at the time of the survey.	{A 000}		
{A 054}	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 observation, records review, and interviews, the facility failed to ensure the residents' Medication Observation Records (MOR) were signed after assisting 4 of 5 sampled residents (Residents #1, #2, #3, & #4) with taking their medications. The findings included: On , after reviewing the medication observation record (MOR) at 8:15 AM, the Surveyor noted there were no affixed signatures in the MOR from , , to for the medications that were supposed to be administered at 8:00 AM, 12:00 PM, 2:00 PM, 3:00 PM, 5:00 PM, 8:00 PM. 9:00 PM to alll four residents. Also, many slots in the MOR from to were left blank. (photographic evidence retained). 1) Resident #1 was admitted to the facility on . His admitting diagnoses included ; , and Lymphedema. Review of his MOR revealed on through- there was no signatures to indicate that Resident #1 received his medicaitons. Photographic evidence of Resident #1's medication list is retained. 2) Resident #2 was admitted to the facility on . Resident #2 is diagnosed with , and requires assistance with self-administration of medication as per review of the health assessment (AHCA form 1823). Review of Resident #2 showed that no one signed the MOR on at 12 pm, 4pm- 5 pm, and 9pm; on , , (the whole day). 3) Resident #3 was admitted on .	{A 054}		

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{A 054}	Continued From page 2	{A 054}		

Resident #3 is diagnosed with
. Review of the health assessment (AHCA form 1823) documented Resident #3 requires assistance with self-administration of medications. On , no one signed the MOR for the 5 pm and 9 pm med pass. Also, from to at 8:00 AM the was no signature in the MOR indicating that the Resident received his medications.

4) Resident #4 was admitted to the facility on . Resident #4 is diagnosed with with , , , , , etc. Review of the health assessment (AHCA form 1823) documented Resident #4 requires assistance with self-administration of medications. Review of the MOR on showed that on no one signed for /9 pm, med pass. Also, the MOR was not signed on , , and at 8:00 AM for the completed med pass.

Observation completed at 8:20 AM, on revealed all the residents received their medications during breakfast time, the pills were given in soufle cups and were placed next to each resident during breafast. Yet, the Administrator who assisted the Residents did not sign the MOR.
A collective interview with all the residents on at 8:30 AM confirmed they receive their medicaitons daily. The residents voiced no concerns regarding the assistance provided by the facility to ensure they take their medications on time. Resident #3 was the only one who said that he does not like to take his medications early, but he stated that he takes them anyway, as ordered.

At 10:30 AM, on , the Administrator, a

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{A 054}	Continued From page 3 Licensed Practical Nurse (LPN) said that if they did not give the residents their medications, they would have a difficult situation to deal with, at the facility. The Administrator explained that the resident must take medications daily and does ensure that they do. When questioned about the repeated omission of the signature on the MOR, the Administrator admitted that it is her full responsibility and accepted that she simply forgot to sign. The Administrator said that she will do better next time. Class III	{A 054}		