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
	AL11953306	A. BUILDING: _____ B. WING _____	03/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INN AT FREEDOM VILLAGE (THE)	6410 21ST AVENUE, W. BRADENTON, FL 34209

(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 (complaint numbers 2025015850) in conjunction with a generator monitoring survey was conducted at Inn at Freedom Village 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 ˽ 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	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to update the Medication Observation Records (MORs) immediately each time medications were offered to three residents (Resident #1, Resident #2 and Resident #4) of four sampled residents. Findings included: A review of Resident #1's MORs, conducted on , revealed Resident #1's MORs showed the following medications were not documented as given: - " , Oral Tablet 5 [milligrams] mg at 0800 on , , - , Oral Tablet delayed release 81mg at 0800 on , and - Oral Tablet 40mg at 2000: , and - , oral tablet 10mg at 0800 , , and - , oral tablet 20mg at 0800 on , - , ER oral tablet extended release at 1200 on , , and - capsule at 2000 on , , and - , oral tablet 20mg at 0800 on and at 2000 on - Pimavanserin oral capsule 34mg at 0800 on , and " A review of Resident #2's MORs, conducted on , revealed Resident #2's MORs showed the following medications were not documented as given:	A 054		

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A 054	Continued From page 2 - " tab 75 [microgram] mcg at 0600 on - Oral tablet 325MG at 1200 on " A review of Resident #4's MORs, conducted on , revealed Resident #4's MORs showed the following medications were not documented as given: -" oral tablet 0.5mg at 1300 on , and - 5mg/ [gram]gm at 1200 on , and and at 2200 on ." A review of the facility's Medication Administration policy revised on revealed "If unable to administer the medications, initial E-MAR/MOR and circle initial document the reason in the medical record. " During an interiew on at 11:20 a.m. the Administrator stated the MORs did have blanks and should not have any blanks. (Photographic evidence obtained) Class III	A 054		