STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966923	10/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
I & G Assisted Living Facility, Inc	6560 Harbour Road North Lauderdale, FL 33068	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-10/16/2013

Revisit Repeat Tags:
0000-Initial Comments-
0054-Medication - Records-58a-5.0185(5) Fac

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

On . . . . . a revisit to a re-licensure survey was conducted at I & G Assisted Living, Inc. Repeat deficient practice was identified at the time of the revisit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, interview and record review, the facility failed to maintain an accurate Medication Observation Record (MOR) listing the known . . for one of three residents reviewed (Resident #4).

The findings include:

A review of Resident #4 ' s Health Assessment (AHCA 1823), dated . . . . revealed Resident #4 is . . to . . . . and . . . . . .

A review of Resident #4 ' s Medication Observation Record MOR revealed the statement, " No Known Drug . . " listed in the diagnosis and comment section.

On . . . . at 9:50 a.m. an interview was conducted with the Owner. The Owner confirmed the information related to Resident #4 ' s known . . was not included on the MOR for Resident #4. The owner stated this was an oversight on her part.

On . . . . an interview was conducted with the facility ' s pharmacist. The Pharmacist confirmed the

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facility did not provided the pharmacy with information on Resident #4 ' s current known

Class III

This is an uncorrected deficiency

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
I & G Assisted Living Facility, Inc
6560 Harbour Road
North Lauderdale, FL 33068

Dear Administrator:

This letter reports the findings of a state licensure survey revisit that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the previously cited deficiencies that were found corrected and the uncorrected deficiencies that were identified on the day of the revisit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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