STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964951	11/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arden Courts Of Largo	300 Highland Avenue, Ne Largo, FL 33770	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tag Cited:

St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey with limited nursing services (LNS) was conducted on

The Arden Courts of Largo, assisted living facility, had a deficiency at the time of the visit.

0053-Medication - Administration 58A-5.0185(4) FAC

Based on observation, interview, and record review, the facility failed to ensure that a medication was correctly prepared and administered to 1 (Resident #7) of 3 residents sampled during the medication pass.

Findings include:

Observation of Resident #7's medication pass and interview with Staff D, a licensed practical nurse on at approximately 2:10pm revealed that Staff D took the resident's scheduled medication, 25-100 and crushed the medication and put it in applesauce. When asked why she crushed the medication when the medication administration records (MARs) indicated "not to be chewed or crushed", Staff D stated she just realized it should not be crushed (after she was told). She disposed of the pill and gave the resident a new whole pill to take.

Review of Resident #7's MARs revealed that the resident was ordered 25-100 SA tab, take 1 tablet by mouth 6 times daily. The MARs specifically indicated that the was not to be chewed or crushed.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Arden Courts of Largo
300 Highland Avenue, Ne
Largo, FL 33770

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services that was conducted on , 2013, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
FOR Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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