STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910048	**08/05/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Bradenton	**450 67th Street, West Bradenton, FL 34209**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tag Cited:

St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A limited nuring services (LNS) monitoring visit was conducted on [redacted].

Emeritus of Bradenton, Assisted Living Facility, had a deficiency at the time of the visit.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on record review and interview, the facility failed to ensure directions for "prn" (as needed) medications contained specific physician-ordered instructions as to when the medication would be appropriate to be taken for two (Residents #1 and #2) of two residents sampled.

Findings include:

The clinical record for Resident #1 contained a physician order dated [redacted] for 5-325 mg. (milligrams). Take one tablet by mouth every 12 hours as needed prn." There were no specific instructions in the physician order as to when it would be appropriate for the resident to request and receive this medication.

The clinical record for Resident #2 contained a physician order dated [redacted] for "NAPAP 325 mg. Take 2 tablets by mouth every 4 hours prn." There were no specific instructions in the physician order as to when it would be appropriate for the resident to request and receive this medication.

An interview was conducted with the Wellness Director on [redacted] at approximately 1:30 p.m. who confirmed the order only indicated the medications be taken "prn" with no specific physician-ordered instructions for use.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus at Bradenton
450 67th Street, West
Bradenton, FL 34209

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit that was conducted on , 2014, by a 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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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