RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Clobran Assisted Living Facility
3 Clear Place
Ocala, FL 34476

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Roy for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

BBT7

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966639	R
NAME OF PROVIDER OR SUPPLIER **CLOBRAN ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3 CLEAR PLACE** **OCALA, FL 34476**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A follow up visit to an abbreviated biennial licensure survey with limited mental health (LMH) was conducted at Clobran Assisted Living Facility on . Clobran Assisted Living Facility had a deficiency at the time of the visit.

0056 Medication - Labeling and Orders

Based on record review and interview, the facility failed to ensure the accuracy of the Medication Observation Record for 1 (Resident #5) of 3 sampled residents.

Findings:

Record review of Resident #5's Medication Observation Record revealed a documented medication dosage of 20 milligrams one capsule by mouth once daily.

Record review of the label attached to one bubble pack containing Resident #5's medication revealed a documented medication dosage of 40 milligram capsule one by mouth daily.

Record review of Resident #5's physician's prescription for his medication revealed a documented medication dosage of 40 milligrams by mouth daily.

During interview on at 9:19 AM, the facility Caregiver agreed that the documented medication dosages for Resident #5's medication transcribed on Resident #5's Medication Observation Record (MOR) did not reflect the documented medication dosages for Resident #5's medication indicated on Resident #5's medication bubble pack and Resident #5's medication physician's prescription. She stated that Resident #5 had been receiving the proper dose of the prescribed medication but Resident #5's Medication Observation Record was incorrect.

Class III