STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968839	R 02/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYERRA'S ANGELS INC	**8 ALMOND PL** **OCALA, FL 34472**

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

0000 - Initial Comments

On , , 2017, a follow-up survey on complaint investigation (CCR#2016010452 and #2016010997), and bed increase, was conducted at Syerra's Angels, Inc. (facility license number 12707). During the survey deficient practice was identified.

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

Based on record review and interview, the facility failed to record each time the medication was given on the Medication Observation Record (MOR) for 2 of 3 residents (Resident #4 and #10).

Findings:

On , a record review was conducted on Resident #4's and #10's Medication Observation Records (MOR's).

It was observed for Resident #4's MOR, it was missing documentation for his , 2 mg on and 2/3//2017 at 9 AM. There was no documentation for his 500 mg on at 9 PM. There was no documentation showing why the medication was not given.

For Resident #10, it was observed there was no documentation for 750 mg on at 9 AM. There was no documentation for , 15 mg on at 9 PM. There was no documentation for , 500 mg on at 9 AM. There was no documentation for , 1 mg on 2/1/ 2/2/ at 9 AM or on at 9 PM.

On at approximately 1:15 PM, the Administrator stated staff are giving the residents their medication because if they do not get it the residents would tell her. She stated that the staff are forgetting to sign the MOR after giving the medication and they are not documenting correctly why it was not given.

Class III