STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964343	R 02/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOLARIS SENIOR LIVING AT MERRITT ISLAND	**535 CROCKETT BLVD. MERRITT ISLAND, FL 32953**

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

0000 - Initial Comments

A revisit to complaint investigation (CCR#2016010955) was conducted on . Solaris Senior Living (license #8975) had deficiencies at the time of the visit.

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

0054 REMAINED UNCORRECTED

Based on record review and interview, the facility failed to maintain an up-to-date and accurate Medication Observation Record (MOR) for 2 of 2 sampled residents (#2, #10).

Findings:

1. Review of the record for Resident #2 revealed a note dated at 2:30 PM, which stated her family took her to the emergency evaluation due to increased , , pale skin and . The physician was notified and the son took her in his own car.

Review of the , MOR for Resident #2 revealed Levothyroxin, 125mg was given at 6:00 AM on every day in , including and . All other medications for and were indicated as not given with the documentation "LOA." The resident did not return to the facility.

In an interview with the administrator on at 10:40 AM, she stated resident #2 , , on .

In an interview with the interim nursing director on at 3:00 P M, he confirmed that the Levothyroxin was documented as given and confirmed that the resident had left the facility on the evening of and did not return. She , , on in the hospital. He did not have an explanation as to why the MOR was signed when the resident was not in the facility on .

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2. Resident #10's record review revealed the , 2017 MORs had missing dates that the medication was not given, but was initialed by staff as given for multiple days as follows:

1. Prescription #738204 for Levamir Flextouch 100 units; inject 30 units , at bedtime on .

2. Prescription #738216 for , 300 mg capsule; take 1 capsule by mouth three times daily on , , & .

3. Prescription #738217 for 10 mg tablet; take 1 tablet by mouth twice daily on &

4. Prescription #738209 for 50 mg tablet; take 1 tablet by mouth twice daily on &

5. Prescription #749335 for Plus tablet; take 1 tablet by mouth twice daily on &

6. Prescription #738207 for 40 mg tablet; take 1 tablet by mouth twice daily on .

7. Prescription # 738208 for , 300 mg tablet; take 1/2 tablet (150 mg) by mouth twice daily on & .

On at 2 PM, an interview with the Administrator who offered no comment, but confirmed the findings.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

0055 REMAINS UNCORRECTED

Based on observation, record review and interview, the facility failed to ensure over-the-counter medications (OTC) for residents were centrally stored when the facility administered the resident's medications and failed to ensure that an order from a licensed provider was obtained for the medications for 1 of 1 sampled resident (#9).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964343	R 02/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOLARIS SENIOR LIVING AT MERRITT ISLAND	**535 CROCKETT BLVD. MERRITT ISLAND, FL 32953**

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

Findings:

Over the Counter (OTC), medications were observed in resident #9's liquid, were seen on the floor by her bed and on the nightstand.

On at 12:15 PM, Resident #9 said the nurses do provide her with her daily medications and keep them stored in the med cart. She also said her doctor said she could take the over the counter medications she had in her .

Review of the 1823, dated did not indicate what type of assistance was required for medications (section was left blank). There were no orders in the resident's record for any OTC medications.

On at 3:00 PM, the interim nursing director stated he would speak with the resident and inform her she could not have the medications in her .

On at 3:35 PM, the physician who signed the Health Assessment dated was contacted by phone. He said, "At that time, I would have said she was able to self-administer her medications, with the exception of ." He also stated he had not seen this resident since and could not give an opinion on her abilities at this time. He stated, "Someone is filling her on a monthly basis and that provider is the one who should be completing a new Health Assessment."

Class III