STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967559	03/01/2017
NAME OF PROVIDER OR SUPPLIER **LA CASA ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **220 N GROVE STREET** **MERRITT ISLAND, FL 32953**	

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

0000 - Initial Comments

A Re-licensure survey with Limited Nursing Services was conducted on . La Casa Assisted Living with Limited Nursing Services (LNS), License #11568 had deficiencies at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to follow healthcare provider orders for 1 of 2 sampled residents (#10).

Findings:

Record review for resident #10 revealed a health assessment form 1823 dated that reflected a diagnoses of , and and the resident required assistance with self-administration of her medications.

Review of her , 2017 Medication Observation Record (MOR) revealed an entry for 0.1 milligrams (mg,) 1 tablet by mouth twice daily, hold for , less than 100 or diastolic , less than 100 and was scheduled at 6:00 AM and 5:00 PM. It was signed as given with no recorded , on 2/9, , , for the 5:00 PM dose.

During an interview with the co-owner, a licensed nurse, on at 3:14 PM, she confirmed the , was not recorded and confirmed the medication was signed as given.

Class III

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

Based on record reviews and interviews the facility failed to maintain an updated Medication Observation Record (MOR) for 1 of 2 sampled residents (#10) who required assistance with self-administration of medications.

Findings:

1. Record review for resident #10 revealed a health assessment form 1823 that reflected a diagnosis of and that she required assistance with self-administration of her medications.

Review of her , 2017 MOR revealed an entry for , 325 milligrams (mg,) 2 tablets every 4 hours as needed (PRN.) It was signed as given on . There was no documentation to reflect

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SUMMARY STATEMENT OF DEFICIENCIES
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whether the medication was effective.

Review of her , 2017 MOR revealed an entry for Gel, 1 mg every 4 hours PRN and was signed as given on 2/6, 2/7, 2/8, , , . There was no documentation to reflect whether the medication was effective each time it was given.

During an interview with the co-owner, a licensed nurse, on at 3:00 PM, she provided a facility form that reflected the dates and times the medications were given. The form did not contain documentation to reflect whether the medications were effective each time they were given. The co-owner confirmed the results were not documented and said if the medication was ineffective, the form would reflect an additional dose was given.

2. Review of the , 2017 MOR for resident #10 revealed an undated entry for Gel, 1 mg every 4 hours PRN. The entry did not contain the route of administration. Review of the record revealed a prescription dated for Gel, 1 mg every 4 hours PRN. It did not contain the route of administration.

Review of her record revealed a prescription dated for Gel- apply 1 mg , , every 4 hours PRN /agitation.

Review of her , 2017 MOR revealed the order was not transcribed onto the MOR.

During an interview with the co-owner on at 3:00 PM, she confirmed the findings.

Class III