STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966229	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **ADVANTAGE SENIOR LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 SW 47TH AVENUE** **FORT LAUDERDALE, FL 33317**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Advantage Senior Living Assisted Living Facility. The facility had deficiencies at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, interview and record review, the facility failed to follow the proper procedure for providing assistance with self administration of medication, for 1 of 1 Residents reviewed (Resident # 1) observed during the med-pass.

The findings included:

On at 01:30 PM, a medication observation was conducted with Staff A a Home Heath Aide (Unlicensed Staff) and the Administrator of the facility. Staff A sanitize her hands. She took out the Medication Observation Record (MOR) and compared the medication bubble packet. She poured pills pills into a cup: 1 Clopidopril 75 mg ,1 Quetapine 25 mg, and 1 , HCC 10 mg. She took the water and pills to Resident # 1. She verified the name of the resident and announced "These are your afternoon meds". She failed to identify each medication. She then watched the resident swallow the pills and returned to sign the MOR.

On at 01:42 PM, immediately following the medication observation, Staff A and the Administrator were advised that the unlicensed staff is required to announce the name of each medication prior to assistance with self administration of the medication. The Administrator translated the message to Staff A. She responded that she was nervous, and she knows that Resident A has

Class III