STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910074	**04/03/2017**
NAME OF PROVIDER OR SUPPLIER **RUBY'S RESIDENTIAL CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5906 NORTH 32ND STREET** **TAMPA, FL 33610**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced complaint survey, (CCR# 2017000302), was conducted on .

The Ruby's Residential Care, Inc., Assisted Living Facility, had deficiencies at the time of this visit.

(License # 7616)

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review, and interview, the facility failed to ensure that medications prescribed to be provided as needed include specific directions including the circumstances under which it would be appropriate for the resident to request the medication and any limitations for 3 of 3 residents prescribed PRN (as needed) medications in facility with 9 current residents.

Findings included:

Per surveyor review of Medication Observation Records (MORs) in use by the facility (beginning at 10:00am), several medications are prescribed to be given as needed, without any directions specifying when it would be appropriate for the resident to request the medication and any limitations.

Resident #2 was prescribed with instructions to take 1 tablet by mouth at bedtime as needed-purpose of medication and any limitations were not specified.

Resident #2 was prescribed , , , with instructions to take 1 capsule by mouth at bedtime as needed-purpose of medication and any limitations were not specified.

Resident #2 was prescribed , with instructions to take 2 tablets 3x daily as needed-purpose of medication and any limitations were not specified.

Resident #2 was prescribed , with instructions to take 1 capsule by mouth daily as

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needed-purpose of medication and any limitations were not specified.

Resident #4 was prescribed , with instructions to take 1 tablet by mouth 3x daily as needed-purpose of medication and any limitations were not specified.

Resident #6 was prescribed / with instructions to take 1 tablet by mouth "every eight" as needed-purpose of medication and any limitations were not specified.

Resident #6 was prescribed - with instructions to take 10ml by mouth every 6 hours as needed-purpose of medication and any limitations were not specified.

Resident #6 was prescribed with instructions to take 1 tablet by mouth 3x daily with food or milk as needed-purpose of medication and any limitations were not specified.

Per interview conducted with the Administrator on at 2:00pm, the Administrator stated she was unaware of the MORs (Medication Observation Records) missing the required information.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record review, and interview, the facility failed to ensure that 3 of 5 unlicensed staff who provide residents (9 as of) assistance with self-administration of medications have successfully completed the initial 4-hour training on providing assistance with self-administration of medications and safe medication practices in an assisted living facility. The facility also failed to ensure that 2 of the 3 unlicensed staff who were due for annual updated training have completed the annual 2-hour update as required.

Findings included:

Per review of the facility's Medication Observation Records (MORs), the Administrator and Staff A, B, C, & D provide residents assistance with self-administration of medications. Per review of the facility's employee records, the Administrator and Staff A, B, C, & D are all unlicensed staff.

Per record review, there was no documentation of the Administrator having completed the initial

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4-hour training on providing assistance with self-administration of medications. The Administrator's file included documentation of completion of a 2-hour training on ; there was also no documentation of completion of an annual 2-hour update due by .

Surveyor observed Staff A assisting residents with self-administration of medications on . Per record review, there was no documentation of Staff A having completed the initial 4-hour training on providing assistance with self-administration of medications.

Per record review, there was no documentation of Staff B having completed the initial 4-hour training on providing assistance with self-administration of medications. Staff B's file included documentation of completion of a 2-hour training on ; there was also no documentation of completion of an annual 2-hour update due by .

Per interview with the facility Administrator on at 2:00pm, the Administrator stated having provided residents assistance with self-administration of medications, confirmed that all staff responsible for assisting residents with self-administration of medications are unlicensed staff, and acknowledged awareness of the initial 4-hour training and annual 2-hour updated training needs.

Class III