STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968475	R 04/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUSCANY HOUSE	**5806 INDIGO CROSSING DR** **ROCKLEDGE, FL 32955**

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

0000 - Initial Comments

A revisit to a Change in Ownership (CHOW) survey was conducted on , , 2017. Tuscany House, license #12357, had deficiencies at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interviews, the facility failed to ensure healthcare provider orders were followed for 2 of 2 sampled residents (#2 & #3).

Findings:

1. Record review for resident #2 revealed a health assessment form 1823 that indicated he required assistance with his medications.

Review of his , 2017 Medication Observation Record (MOR) revealed an entry for , 25 milligram (mg) tablets, take half a tablet by mouth daily at 9:00 pm and the dose on was blank. There was no documentation on the back of the MOR to indicate why the medication was not given and no documentation to indicate a health care provider was notified when the medication was not given.

2. Record review for resident #3 revealed a health assessment form 1823 dated that indicated he required assistance with his medications.

Review of his , 2017 MOR revealed an entry for 20 mg tablets, take 1 tablet by mouth every Sunday at 9:00 am and the dose on was circled. There was no documentation to indicate why the medication was circled and no documentation to indicate a health care provider was notified when the medication was not given.

During an interview with the administrator on at 10:00 am, she confirmed the findings and was unable to provide an explanation for the blank and circled doses.

Review of the , 2017 MOR for resident #3 revealed an entry for , ER 25 mg tablets, take a 1/2 tablet (12.5 mg) twice daily if , (SBP) was greater than 100 and was scheduled to be given at 9:00 am and 9:00 pm.

Review of his , log revealed readings were documented for the 9:00 am dose only. There

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were no readings for the 9:00 pm doses.

On at 9:00 am, his reading was . The MOR reflected that he was given the on at 9:00 am.

There was no documentation to indicate a health care provider was notified when his was not checked and when he was given the when his SBP was less than 100.

On at 11:15 am, the administrator confirmed his was not checked before he was given the 9:00 pm doses and she confirmed he was given his on even though his SBP was not greater than 100. She said his daughter instructed the facility to check his only once daily and to give him the regardless of his reading.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observations, record reviews, and interviews, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience and allowed unlicensed staff to make a judgement as to whether or not a medication would be given and allowed unlicensed staff to set the dose on an pen for 1 of 2 sampled residents (#3.)

Findings:

Record review for resident #3 revealed a health assessment form 1823 that indicated he required assistance with self-administration of his medications.

Review of his 2017 Medication Observation Record (MOR) revealed an entry for ER 25 milligrams (mg) tablet, take a 1/2 tablet (12.5 mg) twice daily if his (SBP) was greater than 100.

Administration of his Metroprol required judgement based on his reading. A licensed person could only do this.

Review of his record revealed a healthcare provider order dated that indicated he was to receive Flex Touch 200 units per milliliter, inject 14 units daily at night. Observation of the medication container revealed it was an pen with a dial to adjust the amount of to be injected.

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NAME OF PROVIDER OR SUPPLIER **TUSCANY HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5806 INDIGO CROSSING DR** **ROCKLEDGE, FL 32955**	

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

During an interview with the administrator on . . . . . at 10:00 AM, she said the unlicensed staff assisted him with medications and said they dialed the pen to the ordered units and the resident injected himself.

Class III