STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965444	R 05/11/2017
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF GAINESVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1415 FORT CLARKE BLVD GAINESVILLE, FL 32606**	

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

0000 - Initial Comments

An unannounced follow-up survey was conducted on through at Harborchase of Gainesville Assisted Living Facility in Gainesville, Fl. Deficient practice previously identified have not been corrected as of today's visit. License #9815.

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

Based on record review and interview, the facility failed to obtain revised instructions for a medication prescription for two of five residents (Residents #4 and #5).

Findings:

During a clinical record review of Resident #4's Medication Observation Record (MOR) from to , it showed the resident could receive ER 10 Milliequivalents (MEQ) by mouth as needed. The resident could also have the Medication 20 MG by mouth every other day as needed for . A review of the MOR from to showed Extended release (ER) 10 MEQ by mouth as needed. The resident could also have the medication 20 MG by mouth every other day as needed for .

During an interview with the Director of Resident Care (DORC) on at 9:54 AM, she stated the facility has licensed staff available on the day shift and the evening shift only. The night shift does not have licensed staff. The DORC stated Resident #4's son gives the facility a difficult time about what is put on or removed from her MOR. The DORC confirmed there was no documentation to show that Resident #4 was being assessed for . The DORC further confirmed the order for the and should have been clarified, as the care partners would not be able to administer the or on as needed basis, because of their inability to assess the resident.

During a clinical record review of Resident #5's MOR from to , it showed Resident #5 was to have the medication 5 MG by mouth every four hours as needed.

During an interview on at 3:02 PM with Resident #5, he stated he is not familiar with the term as needed in regards to his medication. The resident stated he did not know that he had pain medications that he could ask for when he needed it.

During an interview with the DORC on at 9:54 AM, she stated Resident #5 was a new admission to the facility as of the first of , 2017. The resident was admitted with the prescription for the as needed and the prescription had not been changed since the resident's admission.

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SUMMARY STATEMENT OF DEFICIENCIES
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The DORC stated she thought the resident would be responsible for asking for their as needed pain medication.

Class III