STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968816	R 05/17/2017
NAME OF PROVIDER OR SUPPLIER **SARAH HOUSE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **30 FOREST CT** **ORMOND BEACH, FL 32174**	

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

0000 - Initial Comments

An unannounced follow-up biennial licensure Assisted Living Facility Survey was conducted on . Sarah House had deficiencies found at the time of the visit.

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

Based on record review , resident interview, and staff interview, the facility failed to ensure assistance with self administration of as needed medication was given according to 429.256, F.S., for 1 of 3 sampled residents (Resident # 14), related to unlicensed staff providing anti- medication to a resident who was . This was previously cited on , 2017.

The findings include:

Resident #14 had a current health assessment(1823) dated . It revealed the Resident had a diagnosis of , was alert and oriented x 1, and was an elopement risk. The health assessment also revealed she needed assistance with self-administration of medications.

Review of the 2017 Medication Record for Resident #14 revealed she had a physician order for 1 milligram (MG), take 1 tablet by mouth every 6 hours as needed (PRN) for agitation. (Agitation is not a specific indication and requires judgement of a licensed staff member.) This medication was signed on and , 2017 by the same medication technician, Employee A (an unlicensed staff member). There was no additional information in the record why this as needed medication was given.

An Interview was conducted with Resident #14 on at 150 PM. She was asked if she knew what her medications were, and She replied no. She was asked if she knew what her was for?. She stated No. She was asked if she was and upset would she know what medication to ask for and She stated "No".

Employee A was interviewed on at 1:55 p.m. She confirmed that Resident #14 was and would not be able to ask for her if she was agitated. Employee A stated she did give the on the 12th of . The hairdresser was coming in that day to do the hair for Resident #14. Employee A stated Resident #14 gets really nervous when her hair was being done. Therefore, the hair dresser requested that she give her before her appointment. The hair dresser never did her hair on the . The hair dresser came back on 16th so Employee A gave her the on that day too. Employee A stated that she was allowed to give as needed medications to a

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resident. She stated she observes Resident #14 and knows when she is nervous and can give the to her. Employee A did not receive any trainings from this facility in the last few months telling her otherwise. Employee A stated she did not fully document on the Medication Administration on , and , . On the back of the record, she did not put the time, reason, or results of the prn medication ( ) given on those days.

The Administrator was interviewed on at 2:16 PM. She stated the facility did have a protocol for PRN (as needed) Medications effective 2016 and she reviewed it on , 2017. The policy is PRNs will be permitted with 1) Specific, measurable signs and symptoms 2) Consultation with Hospice or Home Health nurse indicating a need for scheduling based on patterns and 3) If a Resident is able to make reasonable and appropriate decisions on their own and are able to indicate their specific need for specific medication. The Administrator stated that the staff was re-educated about the use of PRN medications back in , 2017. The Community Director was to provide this training. The Administrator had no documentation that this re-education was provided.

Class III