STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966595	R 05/25/2017
NAME OF PROVIDER OR SUPPLIER **SPRING OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7251 GROVE RD** **BROOKSVILLE, FL 34613**	

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

0000 - Initial Comments

An announced follow up survey to CCR #2017004513 was conducted at Spring Oaks Assisted Living Facility, License #10763, on . . . . . Deficient practice continued to be identified during the survey.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on interview, and directive plan of correction review, the facility Administrator continued to fail to ensure methods were implemented to ensure the timely delivery of prescribed medications and medications were being provided to the 67 of 67 residents as prescribed.

Findings:

Record review of the directed plan of correction dated . . . . showed 1. The Assisted Living Facility is required to employ, by contract, the services of a pharmacist or RN (Registered Nurse) to perform weekly audits to ensure that all of the facility's residents' prescribed medications are present in the facility, and that the medications are being provided to the residents as prescribed. 2. The Assisted Living Facility is required to develop a comprehensive policy and procedure to address immediate action to be taken to ensure that all the facility's residents prescribed medications are present in the facility, and are being provided to the residents as prescribed.

A request was made for a copy of the contract between the facility and the employed pharmacist or RN (Registered Nurse), to perform weekly audits to ensure that all of the facility's resident' prescribed medications are present in the facility, and that the medications are being provided to the residents as prescribed.

During an interview on at 1:13 PM with the Administrator, she stated the correspondence dated . . . . from the Pharmacy is the contract. When the directive plan of correction was reviewed with the Administrator regarding a contract with a pharmacist or RN employed by the facility, the Administrator stated, "I guess I don't by what you are saying." A request was made for a copy of the contract, the Administrator stated, "I don't have one for what is written there," and pointed to the directive plan of correction.

The Administrator further stated, "We have not developed a comprehensive policy and procedure to address the immediate action to be taken to ensure that all of the facility's residents' prescribed medications are present in the facility, and are being provided to the residents as prescribed.

It is the Administrator's responsibility to ensure the directive plan of correction is completed as required

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966595	R **05/25/2017**
NAME OF PROVIDER OR SUPPLIER **SPRING OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7251 GROVE RD** **BROOKSVILLE, FL 34613**	

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

within a ten day period to protect the safety of all the residents residing in the facility to ensure prescribed medications are present and being provided to the residents as prescribed by the physician.

Class II