STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964889	R 06/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR COVE ALF OF FLORIDA INC	**305 NORTH HIAWASSEE RD ORLANDO, FL 32835**

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

0000 - Initial Comments

A revisit to complaint investigation #2017002633 was conducted on . Arbor Cove ALF of Florida Inc. Assisted Living Facility, License #9443 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 Medication Observation Record (MOR) review and Interview, the facility failed to maintain a written record of a significant change and did not document that the family and health care provider were notified of an illness which resulted in a hospital visit and did not provide physician ordered medications for 1 of 2 sampled residents (#1).

Findings:

Review of the MOR for for Resident #1 revealed there were blank spaces or a line drawn through on at 12 PM and there were not any notations documenting the reasons for the omissions for the following medications:

100 milligrams (mg) one daily
Multiunit- one daily
DR 20 mg one daily
1 mg one daily
81 mg one daily
D3 1,000 unit one daily
5 mg one daily
HFA 90 MCH inhaler-inhale 2 puffs two times a day
Fish oil 1.000 mg one twice daily
Doc-Q-Lace 100 mg softgel one twice daily
220 mg one 2 times a day
10 g/15 ml once a day for 7 days
Aqua nasal spray every AM
600 mg 1 twice a day
50 micrograms (mcg) 1 spray each nostril daily for 30 days

On at 9:30 AM staff A said Resident #1 was sent to the hospital on and did not take his

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964889	R 06/06/2017
NAME OF PROVIDER OR SUPPLIER **ARBOR COVE ALF OF FLORIDA INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **305 NORTH HIAWASSEE RD ORLANDO, FL 32835**	

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

medications at 12 PM.
Further review of the MOR revealed on at 12 PM there were staff initials in the spaces that indicated the medications were received as follows:

ODT 25 mg 1 3 times a day
1 mg 1 4 times a day
25 mg 2 at noon

Record review for Resident #1 revealed there was no documentation found that noted the reason the resident was transported to the hospital and there was no documentation to confirm that his family and health care provider were notified.

On at 10 AM, staff A reviewed the MOR and said she gave Resident #1 some of his medications, while giving the other medications he told her he was not feeling good and she called 911 and he was taken to the hospital and returned later the same day.
There was no documentation to confirm that after the resident returned to the facility; the health care provider was contacted to obtain further orders as to whether the resident should be given the medications that were missed while at the hospital.

On at 10:15 AM, during a telephone call, the administrator said Resident #1 did go to the hospital on and returned around 7 PM, she said she did write a note regarding the hospital visit and she had the notes with her and they were not in his record as required.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on Medication Observation Record (MOR) review and interview the facility failed to maintain accurate MORS for 1 of 2 sampled residents (#1).

Findings:

Review of the MOR for for Resident #1 revealed there were blank spaces or a line drawn through on at 12 PM and there were not any notations documenting the reasons for the omissions for the following medications:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964889	R 06/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR COVE ALF OF FLORIDA INC	**305 NORTH HIAWASSEE RD ORLANDO, FL 32835**

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

100 milligrams (mg) one daily
- one daily
DR 20 mg one daily
1 mg one daily
81 mg one daily
D3 1,000 unit one daily
5 mg one daily
HFA 90 MCH inhaler-inhale 2 puffs two times a day
Fish oil 1.000 mg one twice daily
Doc-Q-Lace 100 mg soft gel one twice daily
220 mg one 2 times a day
10 g/15 ml once a day for 7 days
Aqua nasal spray every AM
600 mg 1 twice a day
50 micrograms (mcg) 1 spray each nostril daily for 30 days

On at 9:30 AM staff A said Resident #1 was sent to the hospital on and did not take his medications at 12 PM.

Further review of the MOR revealed on at 12 PM there were staff initials in the spaces that indicated the medications were received for the following:

ODT 25 mg 1 3 times a day
1 mg 1 4 times a day
25 mg 2 at noon

On at 9:40 AM, staff a reviewed the MOR and said she gave Resident #1 some of his medications, while giving the others medications he told her he was not feeling good and she called 911 and he was taken to the hospital. She said she was not aware she was to note on the MOR the reason the medications were not given.

Class III