STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968847	**06/22/2017**
NAME OF PROVIDER OR SUPPLIER **BLUE RIBBON CARE ASSISTED LIVING FACILITY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 AINSWORH CIR** **PALM SPRINGS, FL 33461**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Blue Ribbon Care Assisted Living Facility, LLC (License#12690). There were deficiencies found during the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review, and interview, the facility failed to maintain a written order from a physician for the use of half bed rails for 1 of 2 sampled residents (Resident#2).

The Findings Included:

On at approximately 10:15AM during the facility tour. It was observed Resident#2 had 1/2 bed rails on both side of the bed. During this time, Resident #2 was interviewed and he stated he does not need the bed rails and he cannot remove them on his own, and staff assist him with getting in and out of bed.

During Resident#2's record review conducted at approximately 1:00 PM, it was revealed there was not a physician order obtained for the 1/2 bedrails. At this time, an interview was conducted with the Administrator, who acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on observation and employee record review, the facility failed to ensure that all unlicensed persons providing assistance with self-administration of medication received the initial 4-hour medication training, for 1 of 2 sampled staff (staff B).

The Findings include:

On at 9:52 AM, Staff B was observed conducting a medication pass for Resident #3.
On an employee record review was conducted for Staff B at 12:56 PM. Observations revealed no documentation of the initial 4-hour self-administration of medication certificate for Staff B. During an interview with Staff B at 12:58 PM, she stated that she took the initial 4-hour training course and have the certificate in her car, which she did not have with her at the time.

During an interview with the Administrator on at 1:00 PM, the Administrator acknowledged the findings and was given the opportunity to locate a copy of the initial 4-hour assist with

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SUMMARY STATEMENT OF DEFICIENCIES
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self-administration of medication certificate for staff B. No documents were provided at this time for review.

Class III

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

Based on observation, interview, and record review, it was determined the facility failed to follow proper procedure when assisting, 1 of 3 sample residents with self-administration of medications (Resident #2).

The Findings Included:

On at approximately 9:50 AM, Staff B was observed assisting Resident #2 with self-administrations of medication. Staff B removed the labeled Medications on Time medication packet from the medication drawer. Staff B removed the medication from the package and placed them in a medication cup. Staff B took the medication to the residents and stated here is your morning medications," observed resident swallow the medications and immediately signed the Medication Observation Record (MOR). The medication package was not checked with the MOR to ensure Resident #2 was receiving the correct medications.

During an interview with the Administrator at approximately 1:30 PM, she acknowledged the findings and there was no additional documentation provided for review.

Class III

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

Based on record review and interview, the facility failed to obtain a written physician order to discontinue prescribed medications.

The Findings Included:

On at approximately 9:52AM, Resident #3's Medication Observation Record (MOR) was reviewed. The record review revealed Resident #3 was prescribed Sucralfate 1Gm, tablet by mouth three times a day 8AM and 6PM for Stomach. As of , 2017, Resident #3 has not received the medication, and the MOR was marked "D/C (discontinue) for Now." At this time, the Administrator was asked who marked the MOR; she stated Staff A marked the MOR due to the resident refusing to take the medication. According to the Administrator, the doctor's office was called. Review of the MOR revealed no documentation of the resident refusing to take the medication. Further review revealed no

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SUMMARY STATEMENT OF DEFICIENCIES
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written order to discontinue the medications was received from the doctor.

On at approximately 10:30AM, an interview was conducted with Staff B who stated she marked the MOR "D/C for now" due to Resident #1 refusing to take the medication. She is not sure who took the order, but she thought the doctor discontinued the medication. At this time, the Administrator was given the he opportunity to see if a doctors order had been received to discontinue the medication. She returned and stated there was not a doctor's order to discontinue the medication.

During an interview with the Administrator at approximately 2:20 PM, she acknowledged the findings and provided no additional documentation for review.

Class III