STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968838	**06/27/2017**
NAME OF PROVIDER OR SUPPLIER **A QUAINT MEADOW**	STREET ADDRESS, CITY, STATE, ZIP CODE **39 OHIO RD** **LAKE WORTH, FL 33467**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at A Quaint Meadow, License #12681. The facility had a deficiency found at the time of the visit.

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

Based on records review and interviews, the facility failed to ensure that a medication ordered as needed (PRN) for 1 of 4 sampled residents (Resident #2) clearly indicated the circumstances under which the resident could order the medicaiton.

The findings included:

During the relicensure survey conducted at the facility on , it was noted that Resident #2 was prescribed and documented on medication observation record (MOR) an , medication ordered PRN. The record revealed the following: 5 MG, take one tablet by mouth every 8 hours, as needed for .

During an interview with Employee A a Home Health Aide who assist the resident during self-administration of the medication, on at 10:00 AM, she reported that she gives the medication to the resident daily because the resident gets "antsy" in the morning.

Review of the MOR for 2017 revealed that the , 0.5 mg was administered daily during the entire month. The same was evident in the month of , 2017.

During an interview with the Manager on at 2:00 PM, she reported that she contacted the Physician and the medication's order was changed from PRN to once daily. However, as of the day of the survey, no further documentation was provided.

Class III