STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964947	R 07/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INN AT THE COURTYARDS (THE)	**255 COURTYARDS BLVD SUN CITY CENTER, FL 33573**

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

0000 - Initial Comments

Assisted Living Facility

A revisit to a complaint investigation, (CCR# 2017003483) of , was conducted at Inn at the Courtyards, assisted living facility, on . Inn at the Courtyards had one uncorrecred deficiency at the time of the visit.

(License # 9439)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record reviews, observations and interviews, the facility failed to provide services to meet the needs regarding having physician's ordered PRN medication available for 1 (Resident #2) of 4 Residents sampled for PRN medications.

Findings included:

Record review on of Resident #2's medical record revealed the Resident had four PRN physician's orders for , 2.5mg/3 ml; , 325 mg; ,4mg.; , 4 mg.

Record review on of the medication observation record (MOR) revealed there were four PRN medications listed on the MOR, , 2.5mg/3 ml; , 325 mg; ,4mg and , 4mg.

Observation on of the medications for Resident #2 in the medication cart revealed three PRN medications, , 2.5mg/3 ml; , 325 mg; ,4mg were in the medication cart but the , 4 mg could not be found.

Staff A, med tech stated on at 10:50 am the PRN medication, , 4 mg was not in the cart for Resident #2. She stated the facility had changed pharmacies and it must have gotten left out somehow. She would order the medication today.

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Uncorrected from

Class III