

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966084	(X3) DATE SURVEY COMPLETED 10/12/2016
NAME OF PROVIDER OR SUPPLIER TITUSVILLE TOWERS	STREET ADDRESS, CITY, STATE, ZIP CODE 405 INDIAN RIVER AVENUE TITUSVILLE, FL 32796	

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

0000 - Initial Comments

-AMENDED STATE FORM TO DELETE TAG A0025 AND A0030.

A complaint investigation #2016011784 was conducted at Titusville Tower Assisted Living Facility License #10346 on . Titusville Towers Assisted Living Facility had deficiencies at the time of the investigation.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview, the facility disposed of medication that was ordered by the health care provider that had not expired and 2 of the resident 3 residents sampled remained at the facility (#1 and #2).

Findings:

On . . . Residents #1 and #2 were transported to the hospital by the facility and were later transported to a shelter because the facility staff would not return to pick them up after they had evacuated due to a potential storm. Resident #1 and #2 said the hospital provided them with a supply of medications and when they returned to the facility it was given to the facility staff.

On at approximately 1 PM, the License Practical Nurse (LPN) said the medications were disposed of because the medication orders written by the hospital's physician were not the correct orders for the medications that the residents took. She said the bottles were in the trash. She further said she only wrote down the . . . when she disposed of them. Observations of the bottles that were in the trash revealed the following:

Resident #1

. . . . SODI 0.025 milligrams (mg)
200 mg
Carbamazepin 200 mg
. . . /butalbital/ 325-50-4 mg
. . . . 50 mg
. . . . 5 mg

Resident #2

. . . . Sodi tab mg

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4 mg The LPN was asked if she had asked Resident #1 and #2 or their representative if they wanted to keep the medications and she said she had not. She said she was not aware she had to ask the resident or their representative if they wanted to keep the medication before disposing of it. She was not aware she was required to document the disposal of medications. Class III		