STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966463	R 07/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
J C LOVING CARE	**11260 SW 176 STREET** **MIAMI, FL 33157**

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 07/24/2017. JC Loving Care (License #10657) had a deficiency identified at the time of the survey:

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

Based on record review and interview, the facility failed to maintain an accurate medication observation record for two of five sampled residents (Residents 3 and 4).

Finding included:

A review of the medication observation record for Resident#1 revealed , 50 MG was prescribed for 2:00 AM was not signed for and 1 MG 1 tab was prescribed for 8:00 AM was not signed for at 11:28 AM. , was prescribed for 8:00 AM, 2:00 PM, and 8:00 PM, and was not signed since , 2017. , 2 MG was prescribed for 8:00 PM was not signed for .

A review of the medication observation record for Resident #3 revealed the resident was prescribed Mapap at 8:00 AM, 2:00 PM and 8:00 PM, and was not signed since , 2017.

On at 11:24 AM interview with Administrator stated "Maybe I missed to initial for that time. The , for Resident #1 and Resident #3 was discontinued by their doctor for next month, I have not given the medication to them because it was to be given when the residents had pain."

On at 11:36 PM interview with Physician stated "I ordered this medication as needed (PRN), but I discontinued the medication. The pharmacy made a mistake, and I will have the pharmacy correct the medication sheet."

Class III