

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964130	(X3) DATE SURVEY COMPLETED R 08/07/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE CLEARWATER	STREET ADDRESS, CITY, STATE, ZIP CODE 2750 DREW STREET CLEARWATER, FL 33759	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced revisit to the complaint survey, (CCR# 2017003986), of , in conjunction with a re-licensure survey was conducted on at Brookdale Clearwater, an assisted living facility, in Clearwater, Florida. There were deficiencies identified at the time of visit.

(License # 6670)

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

Based on observation, interview, and record review, the facility did not ensure that the correct medication order was recorded in the resident's medication observation record (MOR) as required for one (Resident #1) of three residents observed.

Findings included:

On at 2:15 PM, the surveyor completed a medication observation with Staff D. During this observation, Staff D attempted to assist Resident #1 with the self-administration of one medication. A review of the pharmacy label on the medication packaging revealed that the label stated to give one tablet by mouth three times daily as needed for , discomfort for 10 days. A review of the medication order in Resident #1's MOR revealed that the MOR stated to give one tablet by mouth three times daily and the medication was scheduled in the MOR to be given for 10 days.

A review of the original physician order in Resident #1's chart revealed that the medication order recorded in Resident #1's MOR was not correct. The physician order, dated , stated to give one tablet of the medication by mouth three times daily for 10 days as needed.

In an interview on at 2:36 PM, Staff D confirmed that the medication order recorded on Resident #1's MOR was for three times daily regularly scheduled, not three times daily as needed.

In an interview on at 4:00 PM, the District Clinical Director confirmed that the medication order in Resident #1's MOR did not match the physician's order. The District Clinical Director confirmed that

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the medication order recorded in Resident #1's MOR stated three times daily, not three times daily as needed as it was written on the physician's order. The District Clinical Director confirmed that this was a transcription error on Resident #1's MOR. A review of the facility policy, "Medication and Treatment- Administration/Assistance," last revised _____, revealed the following requirement, "Medication assistance and administration must be in accordance with the prescriber's orders." Class III 0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC Based on observation, interview, and record review, the facility did not ensure that a Class III deficiency relating to facility medication records was corrected in relation to ensuring that the correct medication order was recorded in the resident's medication observation record (MOR) as required for one (Resident #1) of three residents observed. Findings included: On _____ at 2:15 PM, the surveyor completed a medication observation with Staff D. During this observation, Staff D attempted to assist Resident #1 with the self-administration of one medication. A review of the pharmacy label on the medication packaging revealed that the label stated to give one tablet by mouth three times daily as needed for _____, discomfort for 10 days. A review of the medication order in Resident #1's MOR revealed that the MOR stated to give one tablet by mouth three times daily and the medication was scheduled in the MOR to be given for 10 days. A review of the original physician order in Resident #1's chart revealed that the medication order recorded in Resident #1's MOR was not correct. The physician order, dated _____, stated to give one tablet of the medication by mouth three times daily for 10 days as needed. In an interview on _____ at 2:36 PM, Staff D confirmed that the medication order recorded on Resident #1's MOR was for three times daily regularly scheduled, not three times daily as needed. In an interview on _____ at 4:00 PM, the District Clinical Director confirmed that the medication order in Resident #1's MOR did not match the physician's order. The District Clinical Director confirmed that		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/06/2017
FORM APPROVED

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