STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968835	**08/11/2017**
NAME OF PROVIDER OR SUPPLIER **PINEWOOD ESTATES ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **4055 PINEWOOD RD MELBOURNE, FL 32934**	

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

0000 - Initial Comments

An unannounced Complaint Investigation #2017008871 was conducted at Pinewood Estates Assisted Living Facility on 8/01/17, 8/10/17 and 8/11/17. Deficient practice was found at the time of the visit.

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

Based on observation and interviews, the facility failed to properly secure medication.

Findings:

On 8/10/17 at 11:23 AM, an observation revealed the medication cart was left unlocked and accessible to residents.

On 8/10/17 at 11:40 AM, Staff A would not respond to questions about the facility's policy on locking up medications.

Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation and interview, the facility failed to label the over-the-counter medication, which was centrally stored.

Findings:

On 8/10/17 at 11:23 AM, in an inventory of the centrally stored medication cart, it was observed the facility had storage of unlabeled over-the-counter medication. The over-the-counter medications did not contain the name of the resident. The medication included the following: Chocolate Calcium Chews, Day Quill, One-A-Day Women's Formula Vitamins, Polyethylene Glycol and Excedrin Migraine.

On 8/10/17 at 11:40, Staff A was unable to provide an explanation for the unlabeled over-the-counter medication.

On 8/10/17 at 3:15 PM, in an exit conference with Staff A and E, Staff E asked the Agency for Health Care Administration representatives to leave the property prior to being able to review the information.

Class III