STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968754	**09/20/2017**
NAME OF PROVIDER OR SUPPLIER **BEACH HOUSE ASSISTED LIVING & MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1315 2ND AVENUE SOUTH** **JACKSONVILLE BEACH, FL 32250**	

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

0000 - Initial Comments

On , two unannounced complaint surveys, CCR# 2017007636 & # 2017007011, were conducted at Beach House Assisted Living Facility and Memory Care (Lic# 12590). The facility had deficient practice at the time of the survey.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and staff interview, the facility failed to ensure that as needed medications had indications for use for 1 of 3 sampled residents, Resident #1.

The findings include:

Record review for Resident #1 on revealed a physician's order dated for , 50 mg as needed (PRN).

The Electronic Medication Administration Record (E-MAR) dated 2017 for Resident #1 showed the PRN , but there was no diagnosis or indication for use.

The Administrator was interviewed on at 1:30 p.m. He confirmed that this medication had not been clarified to provide an indication for use.

Class III