STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968674	R 10/09/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMELIA'S HOUSE	**7175 53RD ST** **PINELLAS PARK, FL 33781**

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

0000 - Initial Comments

Assisted Living Facility

A revisit to a complaint survey, (CCR# 2017008439), was conducted at Amelia's House on . Amelia's House, Assisted Living Facility, had deficiencies at the time of the visit.

(License # 12566)

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

Based on record review and interview, the facility failed to maintain a daily medication observation record (MOR) for each resident that received assistance with self-administration of medication that recorded each time a medication was taken or any missed dosages for three (Resident #2, Resident #10, and Resident #11) of seven records reviewed.

Findings included:

A review of residents' medication observation records (MORs) was conducted on . A review of Resident #2's MORs 4 medications were to be given daily. The MORs showed that 2 of the medications showed initials that were circled for at 7 AM. The note on the back of the MOR stated Out of Medications. The first medication was circled for and with no explanation as to why on the back of the MOR. There was also a blank space for a third medication to be given at 7 PM on with no explanation on the back of the MOR (photographic evidence obtained) .

A review of the MORs for Resident #10 showed 4 medications circled with initials for at 8 PM. There was no explanation on the back of the MORs as to why. A review of Resident #10's MORs for , 2017 also showed a lack of documentation for 2 medications that were to be given at 7 PM on . There were no notes on the back of the MORs (photographic evidence obtained).

A review of the 2017 MORs for Resident #11 showed 9 medications to be given. The MORs for at 8 AM showed the letter "H". The back of the MORs had a note (undated) that read "In Hosp.". There was no other documentation for the remainder of dosages due at 4 PM for or for the dates of through (photographic evidence obtained).

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NAME OF PROVIDER OR SUPPLIER **AMELIA'S HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7175 53RD ST** **PINELLAS PARK, FL 33781**	

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

An interview was conducted with the Administrator at 10:25 AM on . . . . . concerning the missing documentation on Resident #2's, Resident #10's, and Resident #11's MORs. The Administrator reviewed the MORs and acknowledged the lack of required documentation.

Class III

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

Based on observation, record review, and interview, the facility failed to contact the health care provider to request and obtain revised instructions for assistance with self-administered medications for one (Resident #1) of three records reviewed during a medication observation.

Findings included:

A medication observation was conducted at 12:00 PM on . Resident #1 was prescribed one medication at this hour and the instructions on the MOR read "2 tabs by mouth once a day". The medication label however stated "Take one tablet by mouth at bedtime."

The Nurse Consultant was interviewed at 12:21 PM on concerning the conflicting information on Resident #1's MORs compared to the medication label. The Nurse Consultant stated that they would get it fixed today.

Class III

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on record review and interview, the facility failed to maintain a daily medication observation record (MOR) for each resident that received assistance with self-administration of medication that recorded each time a medication was taken or any missed dosages for three (Resident #2, Resident #10, and Resident #11) of seven records reviewed.

Findings included:

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	AL11968674	R **10/09/2017**
NAME OF PROVIDER OR SUPPLIER **AMELIA'S HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7175 53RD ST** **PINELLAS PARK, FL 33781**	

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

A review of residents' medication observation records (MORs) was conducted on . . . . . A review of Resident #2's MORs 4 medications were to be given daily. The MORs showed that 2 of the medications showed initials that were circled for . . . . at 7 AM. The note on the back of the MOR stated Out of Medications. The first medication was circled for and with no explanation as to why on the back of the MOR. There was also a blank space for a third medication to be given at 7 PM on with no explanation on the back of the MOR.

A review of the MORs for Resident #10 showed 4 medications circled with initials for at 8 PM. There was no explanation on the back of the MORs as to why. A review of Resident #10's MORs for , 2017 also showed a lack of documentation for 2 medications that were to be given at 7 PM on . . . . . There were no notes on the back of the MORs.

A review of the . . . . . 2017 MORs for Resident #11 showed 9 medications to be given. The MORs for at 8 AM showed the letter "H". The back of the MORs had a note (undated) that read "In Hosp.". There was no other documentation for the remainder of dosages due at 4 PM for . . . or for the dates of through .

An interview was conducted with the Administrator at 10:25 AM on concerning the missing documentation on Resident #2's, Resident #10's, and Resident #11's MORs. The Administrator reviewed the MORs and acknowledged the lack of required documentation.

Based on observation, record review, and interview, the facility failed to contact the health care provider to request and obtain revised instructions for assistance with self-administered medications for one (Resident #1) of three records reviewed during a medication observation.

A medication observation was conducted at 12:00 PM on . Resident #1 was prescribed one medication at this hour and the instructions on the MOR read "2 tabs by mouth once a day". The medication label however stated "Take one tablet by mouth at bedtime."

The Nurse Consultant was interviewed at 12:21 PM on concerning the conflicting information on Resident #1's MORs compared to the medication label. The Nurse Consultant stated that they would get it fixed today.

Based on uncorrected class III deficiencies concerning assistance with self-administration of medications and medication labeling and orders, the facility shall be required to employ the consultation services of a licensed pharmacist or a registered nurse.

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SUMMARY STATEMENT OF DEFICIENCIES
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The consultant shall at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.

This serves as a written notification of the requirement for the above described consultation services.

Class III