STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964946	**10/30/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1765 WEST HIBISCUS BLVD** **MELBOURNE, FL 32901**	

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

0000 - Initial Comments

A Complaint investigation #2017008808 was conducted on . Brookdale Melbourne license #9396 had a deficiency at the time of the visit.

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

Based on interviews and record reviews, the facility did not make every reasonable effort to ensure that a prescription for 1 of 5 sampled residents (4) who received assistance with self-administration of medications was filled in a timely manner.

Findings:

Resident record review for resident #4 revealed a health assessment form 1823 dated . . . . that listed diagnoses of and , . He needed assistance with self-administration of medications. The . . Medication Observation Record (MOR) listed 1 capful in 8 ounces of water daily and had initials circled from /17 to ; 3.125 milligrams (mg)) -1 tablet twice daily had staff initials circled on . . AM and . . . PM.

A fax to the healthcare provider dated . . . indicated that a refill was needed for . . . . . 3.125. Another fax to the healthcare provider on . . indicated that a refill was needed for the . The back page of the MOR did not have any documentation for the missed medication doses.

In an interview with the Health and Wellness Director on . . . . at 3:20 PM, it seems that the medication was not available.

Class III