STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932484	**10/30/2017**
NAME OF PROVIDER OR SUPPLIER **BAYOU GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2275 NEBRASKA AVENUE** **PALM HARBOR, FL 34683**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017010003), was conducted at Bayou Gardens on , in conjunction with a revisit to the biennial survey with limited nursing services (LNS) and a 2nd revisit to and complaint surveys, (CCR# 2017004721, CCR# 2017004330, and CCR# 2017004107). Bayou Gardens, Assisted Living Facility, had deficiencies at the time of the visit.

(License #8104)

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to obtain a complete AHCA Form 1823, within 30 days calendar days after the resident's admission to the facility, including the date of the examination, for one (Resident #1) of five records reviewed.

Findings included:

A review of resident records conducted on showed that Resident #1 was admitted to the facility on . A review of two AHCA Forms 1823 for Resident #1 revealed that neither of the forms on file indicated the dates of examinations for the resident.

The Administrator was interviewed at 4:47 PM on concerning Resident #1's 1823 Forms lacking the dates of examinations. The Administrator acknowledged that there were no dates documented.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, interview, and record review, the facility failed to ensure that trained staff observed residents taking their medication for one (Resident #4) of four residents sampled for assistance with self-administration of medication.

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

Findings included:

A tour of the facility was conducted on and at 10:00 AM, Resident #4's observed. The nightstand located next to Resident #4's bed showed three medication packages and each contained three medications. The medication packages were dated " . 27, . 28, and . 29" and all read "Noon" (photographic evidence obtained). An additional medication package was found marked " . 27 Friday- Morning" where 11 medications were listed and still in the re-sealable packaging (photographic evidence obtained).

At 10:25 AM, the Resident Care Director was asked to observe Resident #4's nightstand. The Resident Care Director reviewed the medication packages present and acknowledged that the resident hadn't taken their medication.

Resident #4 was interviewed at 10:40 AM on and stated that the med tech usually did not watch them take their medications.

A review of Resident #4's 1823 Form dated indicated that the resident needed assistance with self-administration of medication.

A review of Resident #4's medication observation records (MORs) for 12:00 PM on , , and showed that the three medications for those three days were marked with the letter "A", as were the morning medications for . According to the MORs definition section, the letter "A" meant that the resident was assisted with self-administration of the medications.

Class III

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

Based on observation, record review, and interview, the facility failed to ensure that the health care provider was contacted to receive revised instructions for medication with limitations of "as needed" (PRN) that were specified including the reason the medication was to be taken for one (#7) of three sampled residents.

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

Findings included:

During a medication observation on at 11:15 am, it was revealed that a medication for resident #7 (Alprazolzm 0.5 mg tablet) was ordered "take 1 tablet by mouth three times a day" . In addition, the label also read "1 tablet by mouth once a day (PRN) "as needed." The label did not state the circumstances under which it would be appropriate for the resident to request the medication.

On at 4:00 PM the Administrator stated that they did not notice the medication label before. The Administrator confirmed that all PRN medication must state the reason the medication is taken.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to maintain an up-to-date admission/discharge log listing the names of all residents with a date of discharge.

Findings included:

During a review of the facility's resident roster and admission/discharge log on , it was discovered that Resident #1 was not on the resident roster or noted as discharged from the facility.

The Administrator was interviewed at 11:57 AM on and asked to explain why Resident #1 was not currently on the resident roster. The Administrator stated that Resident #1 was discharged and that the admission/discharge log was not up-to-date.

Class III