STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910385	**10/26/2017**
NAME OF PROVIDER OR SUPPLIER **TROPICAL GARDEN VILLAS INC. (H**	STREET ADDRESS, CITY, STATE, ZIP CODE **432 SOUTH 'F' STREET** **LAKE WORTH, FL 33460**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted a on at Tropical Garden Villa (Home), License #5553. There was a deficiency found during the time of the survey.

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

Based on observation and interview, the facility failed to follow the proper procedure for assisting with self-administration of medication, for 4 of 4 sampled residents (Resident#1, #2, #5 & #7). As evidence of the facility staff failing to sign the Medication Observation Record(s) after observing the resident consume the medication not prior to .

The Findings Included:

a) On at 8 AM, Staff C (unlicensed) assisted Resident#1 with the following medications: SR 150mg, Divalproe ER 500mg- 1 tablet AM and PM, 20mg- 1 Daily, ER 20meg -2 tablets twice a day, 25mg - 1 tablet twice a day, 500mg - 1 every 12 hours. Staff C sanitized her hands, removed medication from the cart, compared the medication label to the Medication Observation Record (MOR), signed the MOR, then stated the names of the medications and gave the medication to the resident. Staff C proceed to watch the resident swallow the medication.

b) On at 8 AM, Staff C assisted Resident#2 with the following medications: Gabupentin 300mg -1 tablet three times a day, PAM 25mg -1 three times a day. Staff C sanitized her hands, removed medication from the cart, compared the medication label to the Medication Observation Record (MOR), signed the MOR, then stated the names of the medications and gave the medication to the resident. Staff C proceed to watch the resident swallow the medication.

c) On at 8 AM, Staff C assisted Resident#5 with the following medications: 10meq- 1 tab three times a day. Staff C sanitized her hands, removed medication from the cart, compared the medication label to the Medication Observation Record (MOR), signed the MOR, then stated the names of the medications and gave the medication to the resident. Staff C proceed to watch the resident swallow the medication.

d) On at 8 AM, Staff C assisted Resident#7 with the following medications: /Levo 10-100mg - 1 tablet three times a day, Valpronic 250mg - 5mg- Liquid- 5ml. three times a day after meals. Staff C sanitized her hands, removed medication from the cart, compared the medication label to the Medication Observation Record (MOR), signed the MOR, then stated the names of the medications

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and gave the medication to the resident. Staff C proceed to watch the resident swallow the medication.

During a staff interview with Staff C on at 8:25AM, Staff C stated she had received the assistance with self-administration medication training's. A record review conducted at 12:30PM, confirmed Staff C had attended the Medication Training and required updates. Staff C confirmed that she had presigned the MORs prior to observing each resident consume his/her medications.

During an interview with the Administrator on 11/ at approximately 1:0PM, he acknowledged the findings.

Class III