

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965218	(X3) DATE SURVEY COMPLETED R 11/29/2017
NAME OF PROVIDER OR SUPPLIER LAKEVIEW RETIREMENT RESIDENCE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2304 NW 52ND COURT FORT LAUDERDALE, FL 33309	

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

0000 - Initial Comments

A follow-up inspection was conducted on _____ at Lakeview Retirement Residence assisted living facility, License number 9618. The Lakeview Retirement Residence assisted living facility was not in compliance during this inspection.

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

Based on record review and interview, the facility failed to properly assist 1 out of 1 resident (resident #2) with his self-administration of medication by not reporting to the physician concerns about the resident's reaction to a medication.

The findings are:

Review of resident #2's health assessment dated on _____ indicated that the resident was diagnosed with major _____, low back pain, _____ and _____. Further review of the resident's health assessment indicated that the resident needed assistance with self-administration of medication.

Review of a physician's order dated on _____, indicated that resident #2 was diagnosed with _____ and was prescribed 30 units of _____ 145mcg capsules, once daily by mouth and was to be refilled 5 times.

Review of resident #2's medication observation records (MORs) dated from _____ to _____ indicated that the resident must receive _____ 145mcg capsules by mouth, once daily at 8:00am. Further review of these MORs indicated that the resident refused to take his _____ medication on 11 different occasions in _____ 2017 and on 16 different occasions in _____ 2017 without any documented reasons or results.

In an interview with the administrator on _____ at 11:30am, she stated that she was not aware that resident #2 refused to take his _____ medication since _____. She stated that the facility did not notify the resident's prescribing physician that the resident continually refused this medication from _____ to present so that the physician may intervene.

In an interview with the assistant administrator on _____ at 11:35am, she stated that she was not informed by the caregivers who assisted resident #2 with his self-administration of medication, that the resident continually refused to take his prescribed _____ medication since _____. She stated that it was expected that the facility's unlicensed caregivers notify her of any resident medication concerns

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/08/2018
FORM APPROVED

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since she was a licensed nurse and the facility's assistant administrator. In an interview with resident #2 on at 12:15pm, he stated that he received assistance with self-administration of medications from the facility staff members. He stated that for the past month and a half, his prescribed medication was causing him to have and be "too regular", so he refused to take this medication. He stated that the facility staff did not tell him if his physician had recommended to discontinue or to change the dosage of this medication due to his reaction to the medicine. Class III		