STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910431	09/22/2017
NAME OF PROVIDER OR SUPPLIER **TANGERINE COVE OF BROOKSVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **307 HOWELL AVENUE** **BROOKSVILLE, FL 34601**	

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

0000 - Initial Comments

On , 21 -22. 2017, an unannounced biennial licensure survey with Extended Congregate Care and Limited Mental Health Services was conducted at Tamgerine Cove Assisted Living Facility (License #7622), Brooksville, FL. Deficient practice was identified at the time of the survey.

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

0052
Based on observation and interview, the facility failed to ensure unlicensed staff provided assistance with self-administration of medications as required for 5 of 5 residents observed.(Residents #12, #13 ,#6, #14, and #15).

Findings:

On , , 2017, at 12:00pm. Unlicensed Staff D was observed to provide assistance with self-administration of medication for Resident #12. Staff D presented medication to Resident #12, stating "I have your medicine ." Staff D did not read the label in the presence of the resident which stated: , 100 mg tablet 2 tablets by mouth 3 times a day.

On , , 2017, at 12:05 pm. Unlicensed Staff D was observed to provide assistance with self-administration of medication for Resident #13. Staff D presented medication to Resident #13 stating, " This is your , ". Staff D did not read the label in the presence of the resident which stated: , 650 mg one capsule by mouth every 6 hours. Routine order.

On , , 2017, at 12:08 pm. Unlicensed Staff D was observed to provide assistance with self-administration of medication for Resident #06. Staff D presented medication to Resident #06 stating, " This is your and your ." Staff D did not read the label in the presence of the resident which stated: 100 mg tablet by mouth 3 times a day. once daily by mouth.

On , , 2017, at 12:10 pm. Unlicensed Staff D was observed to provide assistance with self-administration of medication for Resident #14. Staff D presented medication to Resident #14 stating, " This is your ". Staff D did not read the label in the presence of the resident which stated: 50 mg one tablet by mouth 4 times a day.

On , , 2017, at 12:10 pm. Unlicensed Staff D was observed to provide assistance with self-administration of medication for Resident #15. Staff D presented medication to Resident #15 stating, " This is your , ". Staff D did not read the label in the presence of the resident which stated:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910431	**09/22/2017**
NAME OF PROVIDER OR SUPPLIER **TANGERINE COVE OF BROOKSVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **307 HOWELL AVENUE** **BROOKSVILLE, FL 34601**	

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

, 100 mg by mouth 3 times a day.

On , , 2017, at 12:15 pm. an interview was conducted with Staff D in reference to assistance with self-administration of medication. Employee was asked if she read the medication Label to the residents observed, #12, #13, #6, #14, and #15. Staff D stated she told them what the medication was but did not know she had to read the label to the resident when giving assistance with self-administration of medication.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910431	09/22/2017
NAME OF PROVIDER OR SUPPLIER **TANGERINE COVE OF BROOKSVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **307 HOWELL AVENUE** **BROOKSVILLE, FL 34601**	

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

0000 - Initial Comments

On , 21 -22. 2017, an unannounced biennial licensure survey with Extended Congregate Care and Limited Mental Health Services was conducted at Tamgerine Cove Assisted Living Facility (License #7622), Brooksville, FL. Deficient practice was identified at the time of the survey.

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

0052
Based on observation and interview, the facility failed to ensure unlicensed staff provided assistance with self-administration of medications as required for 5 of 5 residents observed.(Residents #12, #13 ,#6, #14, and #15).

Findings:

On , , 2017, at 12:00pm. Unlicensed Staff D was observed to provide assistance with self-administration of medication for Resident #12. Staff D presented medication to Resident #12, stating "I have your medicine ." Staff D did not read the label in the presence of the resident which stated: , 100 mg tablet 2 tablets by mouth 3 times a day.

On , , 2017, at 12:05 pm. Unlicensed Staff D was observed to provide assistance with self-administration of medication for Resident #13. Staff D presented medication to Resident #13 stating, " This is your , ". Staff D did not read the label in the presence of the resident which stated: , 650 mg one capsule by mouth every 6 hours. Routine order.

On , , 2017, at 12:08 pm. Unlicensed Staff D was observed to provide assistance with self-administration of medication for Resident #06. Staff D presented medication to Resident #06 stating, " This is your and your ." Staff D did not read the label in the presence of the resident which stated: 100 mg tablet by mouth 3 times a day. once daily by mouth.

On , , 2017, at 12:10 pm. Unlicensed Staff D was observed to provide assistance with self-administration of medication for Resident #14. Staff D presented medication to Resident #14 stating, " This is your ". Staff D did not read the label in the presence of the resident which stated: 50 mg one tablet by mouth 4 times a day.

On , , 2017, at 12:10 pm. Unlicensed Staff D was observed to provide assistance with self-administration of medication for Resident #15. Staff D presented medication to Resident #15 stating, " This is your , ". Staff D did not read the label in the presence of the resident which stated:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910431	**09/22/2017**
NAME OF PROVIDER OR SUPPLIER **TANGERINE COVE OF BROOKSVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **307 HOWELL AVENUE** **BROOKSVILLE, FL 34601**	

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

, 100 mg by mouth 3 times a day.

On , , 2017, at 12:15 pm. an interview was conducted with Staff D in reference to assistance with self-administration of medication. Employee was asked if she read the medication Label to the residents observed, #12, #13, #6, #14, and #15. Staff D stated she told them what the medication was but did not know she had to read the label to the resident when giving assistance with self-administration of medication.

Class III