STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910518	**01/17/2018**
NAME OF PROVIDER OR SUPPLIER **HARBOR VIEW ACRES, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **24450 HARBORVIEW ROAD** **PORT CHARLOTTE, FL 33980**	

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

0000 - Initial Comments

An unannounced biennial survey was conducted on at Harbor View Acres, Inc., an assisted living facility (license #7257) in Port Charlotte, Florida.

The following is description of the deficiency.

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

Based on observation, and staff interview, the facility failed to identify medication prior to assisting 3 (Residents #6, #7, and #12) out of 4 residents observed during medication pass.

The findings included:

During an observation on at 11:50 a.m., the Administrator assisted Resident #6 with his medications, handed him a medication cup and stated, "I have your medications here."

During an observation on at 11:56 a.m., the Administrator assisted Resident #12 with her medications and stated, "I have your medications, will you take them for me?"

During an observation on at 12:00 p.m., the Administrator assisted Resident #7 with his medications and stated, "I have your lunch time 'yellow thingy', you know what it is." She handed him the medication cup.

During an interview on at 3:15 p.m., the Administrator stated, "I thought I told the residents what they were taking" at the noon med pass. She said she did tell the one resident he is getting his "yellow thingy."

Class III