STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968977	**01/17/2018**
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING AT BONITA SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **27221 BAY LANDING DR** **BONITA SPRINGS, FL 34135**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted through at Inspired Living At Bonita Springs, an assisted living facility (license #12802) in Bonita Springs, Florida.

The following is description of the deficiency.

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on record review and staff interview, the facility failed to ensure a licensed nurse administered medication to 1 (Resident #11) of 2 resident records reviewed, as ordered by the physician.

The findings included:

During record review of Resident #11 on , the Resident's admission health assessment indicated the resident would need nursing staff to administer her medication.

On , review of the Resident's medication observation record showed on 13 days since admission the Resident received medication from unlicensed staff.

On at 11:00 a.m., the Health and Wellness Director acknowledged unlicensed staff administered medication to Resident #11. She also confirmed the admission orders stated the resident should have licensed staff administer medication.

Class III