STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910630	**01/26/2018**
NAME OF PROVIDER OR SUPPLIER **FINNISH-AMERICAN VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1800 SOUTH DRIVE** **LAKE WORTH, FL 33461**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at Finnish American Village, License #4781. The facility had deficiencies at the time of the visit.

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

Based on observation, staff interview and record review, the facility staff failed to assist residents with self-administered medications in accordance with proper state regulatory procedures, for 5 out of 5 sampled residents (Resident #11, Resident #15, Resident #7, Resident #10, and Resident #12).

The findings include:

While observing a medication pass between the times of 11:00 AM-11:30 AM with Staff D the following was observed:

Staff D began the process for assisting with self-administration of medication for Resident #11. Staff D washed her hands, reviewed the MOR (Medication Observation Records), took the medication packages out of the medication cart, compared the MOR with the medication label, then signed the MOR for Resident #11. Staff D then took the medication from the package, put it into a medication cup, poured a cup of water, and explained to the resident what he was getting. Staff D observed Resident #11 take the medication with the cup of water, sanitized her hands, then continued on to give medications to the next resident. Staff D continued this process for Resident #7, Resident #10, Resident #12, and Resident #15. Observations revealed Staff D signed the MORs for all aforementioned residents prior to observing each resident consume his/her medications.

Staff D was interviewed at 11:24 AM on regarding her pre-signing the MOR's for each resident prior to observing the residents take the medication. Staff D stated, that she always do it that way and if the resident refuses the medication the she will go back to the MOR and circle where she initialed.

During an interview at 11:37 AM on with the Assisted Living Manager aformentioned was discussed, no further information was provided. At this time, a copy of the facility's policy for assistance with self-administration of medications was requested. Review of the facility's policy and procedures for assistance with self-administration and administration of medications revealed the following.

"Residents who require supervision of self-administered medications will do so under the supervision of the nurse. The nurse will obtain the medication container from the storage area, if applicable. The licensed professional will ensure that the medication is given to the resident for whom it was prescribed

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at the time indicated on the prescription. The nurse will verify with the resident the accuracy of the dosage with the label and the name of the medication. The nurse will observe the resident as he/she self administers the medication and record the observed dosage taken on the medication administration record at the time taken."

During an interview with the Administrator at 4:30 PM on , regarding Staff D pre-signing the MOR's and not following proper state regulatory procedures or the facility's policy regarding assistance with self-administration of medications, the Administrator acknowledged the findings, and offered no additional information during this time.

Class III