STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967749	R 02/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE ASSISTED LIVING FACILITY	**4301 31ST ST SOUTH** **SAINT PETERSBURG, FL 33712**

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

0000 - Initial Comments

Assisted Living Facility

On , , 2018 a Revisit to 12/28/17 complaints CCR#20170154429 & CCR#2017014452 survey in conjunction with a Revisit to a 12/28/17 Biennial survey and a Complaint CCR#2018000985 survey was conducted at Angel Care Assisted Living. All previously cited deficiencies were not corrected at the time of the visit.
(license #11734)

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview the facility failed to ensure that Medical Observation Records (MORs) were accurate and free from omissions and errors for three Residents (#1, #2, #3) of nine sampled residents that need assistance with self-administration of medications.

Findings Included:

A MOR review was conducted for Resident #1 on , it revealed that an order for 550 MG tablet take one tab daily was to be given at 7:00 AM was initialed and circled on but no reason was not documented why it was not given.

A MOR review was conducted for Resident #2 on , it revealed that an order for , 200 MG take one tab by mouth three times a day was initialed and circled on and but no reason was documented why it was not given.

A MOR review was conducted for Resident #3 on , it revealed an order for , 50 MG tablet take 1 tablet by mouth 2 times daily for mood was initialed and circled on , , and but no reason was documented why it was not given.

On at 4:13 PM an interview was conducted with the Assistant Administrator who stated all med techs had been reeducated regarding documentation and they were being reviewed on a shift basis. They stated they would have to give further education to the med techs regarding medication documentation.

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Class III

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on record review and interview, the facility failed to ensure resident medication observation records (MOR's) were documented accurately following the assistance with self-administration of medication for 3 of 9 (#1, #2, #3) sampled residents.

Findings included:

A MOR review was conducted for Resident #1 on , it revealed that an order for 550 MG tablet take one tab daily and was to be given at 7:00 AM. The MOR was initialed and circled on but no reason was documented why it was not given.

A MOR review was conducted for Resident #2 on , it revealed that an order for , 200 MG take one tab by mouth three times a day. The MOR was initialed and circled on and but no reason was documented why it was not given.

A MOR review was conducted for Resident #3 on , it revealed an order for , 50 MG tablet take 1 tablet by mouth 2 times daily for mood. The MOR was initialed and circled on , , and but no reason was documented why it was not given.

On at 4:13 PM an interview was conducted with the Assistant Administrator who stated all med techs had been reeducated regarding MOR documentation and they were being reviewed on a shift basis. They stated they would have to give further education to the med techs regarding MOR documentation.

The facility must contract with a registered nurse or pharmacy consultant, under the authority given the Agency in 429.42 FS.

Class III