STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968024	**02/08/2018**
NAME OF PROVIDER OR SUPPLIER **BRISTOL COURT ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3479 54TH AVE N** **SAINT PETERSBURG, FL 33714**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017015128), was conducted at Bristol Court Assisted Living on . . . . . Bristol Court Assisted Living had deficiencies at the time of the investigation.

(License # 11970)

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

Based on observation, record review, and interview the facility failed to assist with self-administering medications in accordance with the healthcare provider's order for one resident (#12) of seven residents.

Findings include:

An observation of medication for assistance with self- administration was conducted on . . . . at 11:07 AM. Staff A, Medication Technician (Med Tech) was assisting residents to take their medications. Resident #11 was due to receive an ammonia reducer/ . . . . at 11:00 AM. The residents medication observation record (MOR) said the resident was to receive 45 milliliters of by mouth three times a day. Staff A was then observed to pour the . . . . . into a medication cup. Observation of the medication cup revealed 15 milliliters of the medication in the cup. Staff A was then stopped and asked to review the doctor's order to see how many milliliters Resident #11 is to receive. After Staff A reviewed the MOR she said, on at 11:09 AM, "I am only going to give 15 milliliters because he is supposed to get a total of 45 milliliters for the whole day." Review of Resident #11's "Physician's Order's" sheet, dated , revealed that the resident is to receive " 45 milliliters by mouth three times a day."

During random resident interviews conducted between approximately 10:20am and 2:15pm on . . . . . , at least two of ten residents stated that staff assisting them with their medications did not either read the pharmacy labels affixed to their pharmaceutical containers nor explain to them what they were receiving, while at least four of these individuals indicated that the staff "would only agree to read the labels/tell them what the drugs were if they asked them to do so."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968024	**02/08/2018**
NAME OF PROVIDER OR SUPPLIER **BRISTOL COURT ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3479 54TH AVE N** **SAINT PETERSBURG, FL 33714**	

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

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review, and interview the facility failed to ensure that prescription medications for assistance with self- administration were properly labeled and dispensed for two (Resident #11 and #12) of seven residents.

Findings included:

An observation of medication for assistance with self- administration was conducted on . . . . . at 11:07 AM. Staff A, Medication Technician (Med Tech) was assisting residents to take their medications. Resident #11 was due to receive an ammonia reducer/ . . . . at 11:00 AM. The residents medication observation record (MOR) said the resident was to receive 45 milliliters of by mouth three times a day. A review of the medication label for the ammonia reducer/ . . . . . stated that the resident was to receive 30 milliliters by mouth three times a day. Staff A was stopped and asked to review the resident's doctor's order. Record review of the "Physician's Order's" sheet revealed that Resident #11 is to receive 45 milliliters of by mouth three times a day.
An observation of medication for assistance with self- administration was conducted on . . . . . at 11:00 AM. Staff A, Medication Technician (Med Tech) was assisting residents to take their medications. Resident #12 was due to receive an ammonia reducer/ . . . . at 11:00 AM. The residents medication observation record (MOR) said the resident was to receive 2 tablespoons of by mouth every four hours. A review of the medication label for the ammonia reducer/ . . . . stated that the resident was to receive 2 tablespoons by mouth three times a day. Staff A was stopped and asked to review the resident's doctor's order. Record review of the Physician's Order sheet revealed that Resident #12 is to receive 2 tablespoons of by mouth every four hours. Staff A then went into the medication cart and showed the surveyor a new unopened bottle with a label that read " . . . . . 10gm/15ml, take two tablespoons by mouth every four hours" The Med Tech then measured out two tablespoons in a medicine cup, explained the medication to the resident, watched the resident swallow the medication then documented in the MOR.

Class III