STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965487	R 03/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMFIELD MANOR	**2774 WESLEYAN DR** **PALM HARBOR, FL 34684**

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

0000 - Initial Comments

Assisted Living Facility

A revist to complaint (CCR 2017013785) was conducted at Bloomfield Manor II on .
Bloomfield Manor II had deficiencies at the time of the visit.

(License #9893)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, interview, and record review, the facility failed to provide written proof that that residents' responsible parties were contacted after residents were sent to the hospital for two (Resident #1 and Resident #3) of three residents sampled.

Findings included:

An interview was conducted with Staff A at 9:35 AM on concerning incidents within the facility. Staff A stated that Resident #1 had a and was currently in rehabilitation. Staff A also stated that Resident #3 had a on while grabbing paper on floor and twisted their wrist. Staff A stated that there was a and Resident #3 was sent to the emergency . Staff A stated that the resident came back to the facility at 10:00 AM on .

An interview was conducted with Resident #3 at 10:35 AM on . Resident #3 stated that they . Resident #3 stated that the dog shredded paper on the floor and while picking it up, Resident #3 tripped on a trashcan. They stated that they on their head, arm (left), and ribs. Resident #3 stated that they had 2 in their wrist. Resident #3's wrist was bandaged at the time of the interview.

An interview was conducted with the Owner at 11:02 AM on concerning the incident involving Resident #1. The Owner stated that Resident #1 went to the hospital on and stated that there was no incident report or documentation that Resident #1's family member or physician were notified.

The Owner was interviewed at 9:48 AM concerning an incident report for Resident #3's and wrist. The Owner showed documentation concerning the and acknowledged that there was no written proof that the resident's power of attorney or physician were notified about the or visit to the emergency .

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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

Based on record review and interview, the facility failed to maintain a daily medication observation record (MOR) for each resident that received assistance with self-administration of medication documentation of each time medication was taken for one (Resident #2) of three residents sampled.

Findings included:

A review of resident records conducted on showed that Resident #2 was admitted to the facility on . A request was made to review the MOR for Resident #2.

An interview was conducted with the Owner at 10:10 AM on regarding the MOR for Resident #2. The Owner stated that Resident #2 was admitted at 1:00 PM on . The Owner stated that the MOR for Resident #2 was supposed to be delivered by the pharmacy on and they still haven't received it. The Owner acknowledged that a MOR was not documented after the facility assisted Resident #2 with their medications on and .

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 maintain a daily medication observation record (MOR) for each resident that received assistance with self-administration of medication that recorded each time medication was taken for one (Resident #2) of three residents sampled.

Findings included:

A review of resident records conducted on showed that Resident #2 was admitted to the facility on . A request was made to review the MOR for Resident #2.

An interview was conducted with the Owner at 10:10 AM on regarding the MOR for Resident #2. The Owner stated that Resident #2 was admitted at 1:00 PM on . The Owner stated that the MOR for Resident #2 was supposed to be delivered by the pharmacy on and they still haven't received them. The Owner acknowledged that a MOR was not documented after the facility assisted Resident #2 with their medications on and .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965487	R **03/01/2018**
NAME OF PROVIDER OR SUPPLIER **BLOOMFIELD MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2774 WESLEYAN DR** **PALM HARBOR, FL 34684**	

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

Based on the uncorrected class III deficiency concerning assistance with self-administration of medications, the facility shall be required to employ the consultation services of a licensed pharmacist or a registered nurse.

The consultant shall at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.

This serves as a written notification of the requirement for the above described consultation services.

Class III