STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967844	**02/22/2018**
NAME OF PROVIDER OR SUPPLIER **NOMEL'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **332 BISCAYNE LANE** **SEBASTIAN, FL 32958**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2017014922, was conducted on at Nomel's ALF Inc., license #11834. The facility had deficiencies at the time of the visit. This survey was conducted in conjunction with a standard licensure survey.

0027 - Resident Care - Arrangement for Health Care - 58A-5.0182(3) FAC

Based on interviews and closed record review, the facility failed to assist a resident with arrangements for health care for 1 of 2 sampled Residents (Resident #2).

The findings included:

Review of Resident #2's records conducted at 11:07 AM with Staff B present, revealed the following:

1. Resident #2's Post-Discharge Plan of Care, dated , issued by the skilled nursing facility called for " level, 's ( ), [with] Diff on ".

2. A , written Health Care Provider (HCP) order, revealed: Please collect UA/C&S (urinalysis / culture & sensitivity) - incontinence, with diff, CMP (complete panel), D.

Further review of his records revealed no documentation that these laboratory tests were conducted. A call to the resident's then HCP revealed she did not receive any laboratory reports at that time.

This was discussed with Staff B at the time of review. This was also discussed and acknowledged during a telephone interview with Staff C on at 5:05 PM.

Class III

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

Based on interviews and closed record review, the facility failed to maintain accurate medication observation records (MOR) for 1 of 2 sampled residents, Residents #2.

The findings included:

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NOMEL'S ALF INC	**332 BISCAYNE LANE SEBASTIAN, FL 32958**

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

Review of Resident #2's medical records and MOR's (medication observation record) conducted at 11:37 AM with Staff B present, revealed the following:

1. Resident #2 was admitted to the facility on with diagnoses including , , and ( ). He was discharged from the facility to a hospital for on .

2. His AHCA Form 1823 (health assessment) documented he required assistance with self-administration of medications.

3. His MOR's included separate pages for through ; through ; and, through .

4. Review of these three sets of MOR's revealed the following discrepancies:
a. A order, for Prednisoline 1% eye drops, one drop each eye four times daily for diagnoses of status post in the eyes, was not listed on any of the MOR's.
b. A written Health Care Provider (HCP) order, for ( ) 0.4 milligrams (MG) daily after dinner. This entry did not appear on his MOR's until .
c. An entry for 20 MG at bedtime had no entry for the dose.
d. An entry for 2.5 MG every 12 hours had no entry for the evening dose.
e. An entry for 500 MG twice daily had no entries for the and evening doses.
f. An entry for 3 MG at bedtime had no entry for the dose.
g. An entry for 10 MG twice daily had no entries for the evening dose, the evening dose, and no entries for the morning and evening doses.
h. An entry for 150 MG at bedtime had no entries for the and doses.
i. An entry for B1 daily had no entry for the dose.
j. An entry for daily had no entry for the dose.

This was discussed with Staff B at the time of review. This was also discussed and acknowledged during a telephone interview with Staff C on at 5:05 PM.

Class III