STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968372	03/05/2018
NAME OF PROVIDER OR SUPPLIER RESIDENCES OF LECANTO	STREET ADDRESS, CITY, STATE, ZIP CODE 4865 WEST GULF TO LAKE HIGHWAY LECANTO, FL 34461	

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

0000 - Initial Comments

An unannounced biennial licensure survey with Extended Congregate Care and Limited Nursing Services was conducted on , 5- 6, 2018 at , Residences of Lecanto (License #12256), Lecanto, FL. Deficient practice was identified at the time of the survey.

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

Based on Observation and interview, the assisted living facility failed to ensure staff (Staff A and B), updated the medication observation record (MOR) after the medication is offered or administered for 3 of the 4 sampled residents (Residents # 2,#5,and #12).

FINDINGS INCLUDE:

On at 10:30 AM, a Medication observation was conducted. During the observation, Staff A was observed taking out Resident #12's medication, updating the medication observation record prior to giving the medication to the resident.

On at 11:15 AM, a Medication observation was conducted. During the observation, Staff B was observed taking out Resident #5's medication, updating the medication observation record prior to giving the medication to the resident.

On at 10:20 AM, a Medication observation was conducted. During the observation, Staff B was observed taking out Resident #2's medication, updating the medication observation record prior to giving the medication to the resident.

On at 10:30 AM, and interview was conducted with Staff A. When asked if she updated the medication record before administering the medications for Resident #12, she stated: "Yes, that is the way I always do it, I put my initials on the record when I pull the medications, take the medication in to the resident and if the resident doesn't take the medication I circle it and put a note on the back of the record." When asked if that was the facility policy she stated: "I don't know if that is the policy but that is the way I have always done it. It saves time and there are many as you can see."

On at 11:15 AM an interview was conducted with Staff B. When asked if she updated the medication record before administering the medications for Resident #5 and Resident #2, she stated: "Yes I initial the medication record after I pull the medication and before I take it to the resident . If the resident refuses I come back and circle my initials and put a note on the back of the record. I am not

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RESIDENCES OF LECANTO	**4865 WEST GULF TO LAKE HIGHWAY LECANTO, FL 34461**

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

sure about the facility policy but that is the way I have always signed the medication record."

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview the facility failed to ensure that 1 of 3 employees reviewed (Staff B) had completed a one-time education course on and Acquired (and), and failed to attain documentation of compliance.

Findings:

Record Review of Staff B's employee records, whose hire date is revealed the absence of a training documentation for / .

An interview with the Business Office Manager, on at 3:30 PM was conducted. During the interview this writer requested the assistance of the Business Office Manager in locating the / training certificate. The Business Office Manager reviewed Staff B's employee record and confirmed Staff B's employee record was absent of the training certificate.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to ensure that 1 of 3 direct care staff reviewed (Staff B) received at least one hour of training in the facility's policy and procedures regarding ( ) within 30 days after employment.

Findings:

Record Review of Staff B's employee records, whose hire date is revealed the absence of a training certificate for .

An interview with the Business Office Manager, on at 3:30 PM was conducted. During the interview this writer requested the assistance of the Business Office Manager in locating the 's training certificate. The Business Office Manager reviewed Staff B's employee record and confirmed

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	AL11968372	**03/05/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

that Staff B's employee record was absent of the training certificate.

Class III