STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969002	R 03/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ROSE GARDEN OF FT MYERS	2117 EARL RD FORT MYERS, FL 33901

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

0000 - Initial Comments

An unannounced revisit survey was conducted on . . . . at The Rose Garden of Ft. Myers, an assisted living facility (license #12814) in Fort Myers, Florida.
This was a follow-up to the complaint survey completed on . . . .

The previous deficiencies were found corrected, however, new deficiencies were identified at the time of the visit. The following is description of the deficiencies.

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

Based on record review and staff interview, the facility failed to ensure 1 (Resident #14) of 3 residents reviewed received physician ordered medications.

The findings included:

A review of Resident #14's physician orders showed on her physician ordered KDur 8 millaquivalent every day. This order also showed a change in her medication from 10 milligrams every day to 20 milligrams every day.

A review of Resident #14's Medication Observation Records (MOR) for . . . . showed there was no documentation showing she received KDur every day.

During an interview on at 11:00 a.m., the facility nurse said she noted the order and it was faxed to the pharmacy. At 11:12 a.m., the facility nurse said she called the pharmacy and was told that they did not get this order and to re-fax it.

Further review of Resident #14's medications revealed her medication showed 1/2 pill in a bubble pack. The label showed 20 milligrams for each pill and give 1/2 pill to Resident #14 every day.

On . . . . at 12:15 p.m., the med tech said she gives Resident #14 1/2 pill of . . every day.

A review of the MOR showed documentation indicating she was giving Resident #14 20 milligrams of every day. Further review of the bubble pack of showed there was no notification of a change in direction of this medication.

Resident #14 did not receive her prescribed medications as ordered by the physician.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III