| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967569 | 03/28/2018 |
| NAME OF PROVIDER OR SUPPLIER<br>**ADDINGTON PLACE OF TITUSVILLE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**497 N WASHINGTON AVE**<br>**TITUSVILLE, FL 32796** | |

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

**0000 - Initial Comments**

An Extended Congregate Care (ECC) monitoring visit was conducted on , 2018. Addington Place of Titusville, license #11575, had deficiencies at the time of the visit.

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

Based on record reviews and interview, the facility failed to ensure the Medication Observation Record (MOR) was properly updated for a resident (#1) who required medication administration.

Findings:

Review of the 2018 MOR for resident #1 on at 11:44 am revealed entries, dated on , for Glucerna 1.5 formula, give one can four times a day via his feeding tube and flush his feeding tube with 125 milliliters of water before and after each feeding. Although it was 11:44 am at the time of the review, both entries were signed as given on at 8am, 11am, and 2pm.

During an interview with staff F, a nurse, on at 11:50 am she confirmed the findings on the MOR, said she only gave resident #1 his feeding and water flushes on at 8am and 11am, and said she erroneously signed that she gave him the feeding and flushes on at 2pm.

During an interview with resident #1 on at 12:10 pm, he confirmed that he had only received two feedings that day at 8am and 11am.

Class III

**E207 - ECC - Services - 58A-5.030(8) FAC**

Based on record reviews and interview, the facility provided a nursing service without a health care provider's order to a resident (#1) who received an Extended Congregate Care (ECC) service.

Findings:

On at 8:45 am, the wellness director identified resident #1 and said he received an ECC service for a Endoscopic , ( ) tube.

Review of the 2018 Medication Observation Record (MOR) for resident #1 revealed an entry for

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SUMMARY STATEMENT OF DEFICIENCIES
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250 milliliters (ml) of water with each tube feeding, 125 ml before and 125 ml after. The entry was signed as given from - .

Review of the record for resident #1 revealed no documented evidence to indicate an order for the water flushes was received from a health care provider, as required.

On at 11 am, the wellness director confirmed the findings and was unable to provide an order from a health care provider for those dates of service.

Class III