STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943061	**04/13/2018**
NAME OF PROVIDER OR SUPPLIER **RESIDENCE CLUB AT SEMINOLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11177 70TH AVENUE NORTH** **SEMINOLE, FL 33772**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint investigation (CCR#2018003562) was conducted at Residence Club At Seminole on . Residence Club At Seminole had deficiencies at the time of the investigation.

License (#8378)

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

Based on record review and interview the facility failed to give medications as prescribed for Resident #1.

Findings included:

A Medication Observation Record (MOR) review for Resident #1 conducted on revealed that the facility does not immediately update MORs when medications were offered to Resident #1. Resident #1's prescription for 200 mg tablet by mouth three times a day for seven days to be given at 9:00 am, 1:00 pm, and 5:00 pm. The 1:00 pm dose was not given on through s (see photographic evidence1).

During an interview at on at10:45 am with the administrator she confirmed and acknowledged that the medication had not been signed off and she states that the medication had been given and she signed off in MOR at this time.

Class III