STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968842	R 04/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAIRN PARK 2	**2710 VIA SANTA CROCE CT** **FORT MYERS, FL 33905**

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

0000 - Initial Comments

An unannounced revisit survey was conducted on at Cairn Park 2, an assisted living facility (license #12694) in Fort Myers, Florida.

This was a follow-up to the complaint survey completed on .

The following is description of the deficiency found at the time of this visit.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and staff interview, the facility failed to make a reasonable effort to ensure prescriptions for 2 (Resident #4 and Resident #7) of 2 residents were filled or refilled in a timely manner.

The findings included:

1. Resident #4's Medication Observation Record (MOR) revealed , 10 mg (medication to treat high ,) take 1 tablet by mouth at bedtime, scheduled for 9 p.m. This medication was documented by staff as not given for dates , , and reason given was "medicine out".

2. Resident #7's MOR revealed , (medication for over active ,) 25 mcg take 1 tablet by mouth upon arising, scheduled for 6 a.m. The MOR had a blank space on . There was no explanation on the back of the MOR of why the medication hadn't been given. Resident #7's MOR revealed , 1 mg tablet, take 1 tablet by mouth at 2 p.m. The MOR had a blank space on . There was no documentation on the back of the MOR of why the medication hadn't been given.

On at 10:15 a.m., Staff C said, "I can't tell you why it wasn't given, maybe they forgot to put it in. Don't know why they didn't have the meds on hand."

On at 11:28 a.m., the Administrator said she hadn't been aware of this and someone should have called pharmacy.

Class III