STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	R **02/15/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TUSKAWILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1016 WILLA SPRINGS DRIVE** **WINTER SPRINGS, FL 32708**	

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

0000 - Initial Comments

A revisit to Complaint Investigation #2017009219 was conducted on . . . . Brookdale Tuskawilla, License #8985, had a deficiency the time of the visit.

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

REMAIN UNCORRECTED
Based on electronic Medication Observation Record (MORs) review and interview, the facility failed to maintain an accurate MORs for 1 of 2 sampled residents (#2) who requires assistance with self-administration of medications daily as required.

Findings:
Resident #2's MORs reviewed revealed that on and - was missing or left blank for the following medications:

, HCl 5mg; , ... 0.25mg; . . . . . , . Aerosol Solution 20-100mcg; . . . . 25-100mg.

On at 1 PM, an interview with the Interim Health & Wellness nurse who confirmed the findings.

Class III