STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965487	R 05/02/2018
NAME OF PROVIDER OR SUPPLIER **BLOOMFIELD MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2774 WESLEYAN DR** **PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

Assisted Living Facility

A 2nd Revisit to 12/18/17 Complaint (CCR #2017013785) was conducted at Bloomfield Manor II on 5/2/18. Bloomfield Manor II had deficiencies at the time of the visit.

(License #9893)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview, and record review, the facility failed to provide written proof that residents' responsible parties were contacted after experiencing a or being sent to the hospital for two (Resident #2 and Resident #3) of two residents sampled.

Findings included:

An interview was conducted with Resident #2 at 9:56 AM on and the resident stated that they recently had a . A review of incident reports showed that Resident #2 had a on and had . There was no indication in the incident report that Resident #2's responsible party or primary care physician (PCP) were notified of the and injury (photographic evidence obtained).

An interview was conducted with Resident #3 at 9:53 AM on and they stated that they recently had a hospital visit due to pain. A review of the facility's incident reports showed no documentation on record of Resident #3's hospital visit.

The Owner was interviewed at 10:54 AM on concerning Resident #2's on . The Owner reviewed the incident report and acknowledged that there was no written proof that Resident #2's responsible party or PCP were notified. The Owner was then asked about Resident #3 being sent to the hospital. The Owner stated that Resident #3 was sent to the hospital by ambulance on due to chest pain. The Owner stated that there was no incident report or written proof that Resident #3's family or PCP were notified.

Class III

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

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

Based on record review and interview, the facility failed to maintain daily medication observation records (MORs) for each resident that received assistance with self-administration of medication that recorded each time medication was taken, missed dosages, or refusals to take medications as prescribed for one (Resident #3) of three residents sampled.

Findings included:

A review of residents' MORs was conducted on . A review of Resident #3's MORs showed the medication with the 8 PM dosage on as blank (photographic evidence obtained). There was no explanation on the back of the MORs.

The MORs also showed the medication / circled on and at 8 AM, 2 PM, and 8 PM, at 8 PM, and at 8 AM and 8 PM (photographic evidence obtained) . There was no explanation on the back of the MORs as to why the medication was circled.

The Owner was interviewed at 10:45 AM on concerning the lack of documentation on Resident #3's MORs. The Owner reviewed the MORs and acknowledged the blank for Resident #3's on and circled dosages for the resident's without explanation on the back of the MORs.

Class III

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on record review and interview, the facility failed to maintain daily medication observation records (MORs) for each resident that received assistance with self-administration of medication that recorded each time medication was taken, missed dosages, or refusals to take medications as prescribed for one (Resident #3) of three residents sampled.

Findings included:

A review of residents' MORs was conducted on . A review of Resident #3's MORs showed the medication with the 8 PM dosage on as blank (photographic evidence obtained). There was no explanation on the back of the MORs.

The MORs also showed the medication / circled on and at 8 AM, 2 PM, and 8 PM, at 8 PM, and at 8 AM and 8 PM (photographic evidence obtained). There

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

was no explanation on the back of the MORs as to why the medication was circled.

The Owner was interviewed at 10:45 AM on concerning the lack of documentation on Resident #3's MORs. The Owner reviewed the MORs and acknowledged the blank for Resident #3's on and circled dosages for the resident's without explanation on the back of the MORs.

Based on the uncorrected class III deficiency concerning documentation of assistance with self-administration of medications, the facility shall be required to employ the consultation services of a licensed pharmacist or a registered nurse.

The consultant shall at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.

This serves as a written notification of the requirement for the above described consultation services.

Class III