STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967749	R 04/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE ASSISTED LIVING FACILITY	**4301 31ST ST SOUTH** **SAINT PETERSBURG, FL 33712**

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

0000 - Initial Comments

Assisted Living Facility

A 2nd Revisit to 12/28/17 & 2/13/18 Complaint (CCR#2017015429 & 2107014452) was conducted at Angel Care Assisted Living Facility on 4/13/18 in conjunction with a Revisit to 2/13/18 Complaint (CCR#2018000985). Angel Care Assisted Living Facility had deficiencies at the time of the visit.

(License #11734)

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

Based on record review and interview, the facility failed to ensure that medication observation records (MORs) were accurate and free from omissions and errors for one (Resident #2) of three sampled residents that requited assistance with self-administration of medications.

Findings included:

A review of MORs was conducted on . A review of Resident #2's MORs for 2018 showed the medication 20 MG Tablet- Take 1 tablet by mouth 2 times daily. The MORs showed the dose prescribed for at 9 AM was blank (photographic evidence obtained).

Staff A was interviewed at 10:53 AM on regarding the omission on Resident #2's MORs for the 20 MG Tablet. Staff A reviewed the MORs and acknowledged that the medication was not documented as given for 9 AM.

A review of the MORs for Resident #2 for 2018 showed the medication 20 MG Tablet circled on and for 9 AM doses. There were no notes on the back as to why. It also showed the medication Metroprolol TART circled on and with no note on the back explaining why.

The Assistant Administrator was interviewed at 11:32 AM on concerning the omissions in Resident #2's 2018 MORs. The Assistant Administrator reviewed the MORs, acknowledged the omissions, and stated that they had no explanation.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967749	R 04/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE ASSISTED LIVING FACILITY	**4301 31ST ST SOUTH SAINT PETERSBURG, FL 33712**

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

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 ensure that medication observation records (MORs) were accurate and free from omissions and errors for one (Resident #2) of three sampled residents that requited assistance with self-administration of medications.

Findings included:

A review of MORs was conducted on . A review of Resident #2's MORs for , 2018 showed the medication 20 MG Tablet- Take 1 tablet by mouth 2 times daily. The MORs showed the dose prescribed for at 9 AM was blank (photographic evidence obtained).

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The Assistant Administrator was interviewed at 11:32 AM on concerning the omissions in Resident #2's 2018 MORs. The Assistant Administrator reviewed the MORs, acknowledged the omissions, and stated that they had no explanation.

As a result of the uncorrected Class III deficiency regarding the accuracy and omissions of medications observation records for residents that received assistance with self-administered medications, the facility will be required to employ the consultant services of a licensed pharmacist or a licensed 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

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	AL11967749	R 04/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE ASSISTED LIVING FACILITY	**4301 31ST ST SOUTH** **SAINT PETERSBURG, FL 33712**

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