STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969022	05/14/2018
NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2250 S SEMORAN BLVD ORLANDO, FL 32822	

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

0000 - Initial Comments

A Complaint Investigation #2018001731 was conducted on , Assisted Living Facility License #12850 had deficiencies pertaining to this complaint at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observations and interview the facility failed to ensure the unlicensed staff (A) who assisted 1 resident (#8) with self-administration of medications followed the correct procedure.

Findings:

Observations on at 11:30 AM during the remediation pass noted that staff A went to the apartment of resident #8 and told her it was almost lunchtime; she was going to give her the . The staff went to the medication cart, retrieved a bubble pack of the medication. She put a pill in a cup and brought the cup to the resident with a cup of water. She told the resident this is your , observed the resident take the medication and then signed the Medication Observation Record (MOR).

In an interview on at 11: 40 AM with Staff A, who stated this process she did all the time.

In an interview on at 2 PM with the nursing supervisor who offered no comment.

Class III

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

Based on Medication Observation Record (MOR) review and interview, the facility failed to maintain accurate MORs for 2 of 4 sampled residents (#1 and 2).

Findings:

1. Review of the Log count sheet used by the facility staff when a was given revealed that the log noted that the medication was given and it was not marked on the MOR as given as follows: Resident #1 had / milligrams (mg) 1 tablet every 8 hours as needed was noted as given on -the count log note the medication was given at 8 AM, 3 PM and 9 PM, the front of the

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISTED LIVING FACILITY	**2250 S SEMORAN BLVD ORLANDO, FL 32822**

SUMMARY STATEMENT OF DEFICIENCIES
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MOR was only initial twice to indicate the medication was given.
-the count log note the medication was given at 8 AM and 4:45 PM, the front of the MOR was only initialed once to indicate the medication was given.

the count log noted the medication was given at 5 PM the front of the MOR was not initialed to indicate the medication was given nor was there any documentation noted on the back of the MOR that noted the date and time, reason for giving and the result.

-the count log noted the medication was given at 11:30 AM; the front of the MOR was not initialed to indicate the medication was given nor was there any documentation noted on the back of the MOR that noted the date and time, reason for giving and the result.

On at 12 PM, the director of nursing confirmed the findings.

Review of the record for resident #2 found an order dated for / , one tablet every 6 hours PRN for pain.

Review of the MOR for , 2018 revealed doses were given on 5/5, 5/8 and , 2018. The back of the MOR included the same 3 dates with the reasons and results documented. The date of the order that was typed on the MOR was and matched the prescription found in the resident's record.

Review of the sheet revealed doses marked as given on 5/5, 5/8, 5/9, and , 2018. The dose on , 9 was not documented on the MOR.

Review of the MOR for , 2018 revealed doses were given on and . The back of the MOR included the same 3 dates with the reasons and results documented. The date of the order documented on the , MOR was handwritten as .

A count sheet revealed doses marked as given on 4/5, and , 2018. The dose on , 5 was not documented on the MOR.

Review of the MOR for 2018 found the order for / from was marked as discontinued on . Another page of the MOR had a handwritten entry for " " with a date of . One dose was documented as being given on .
A count sheet was not available for 2018.

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SUMMARY STATEMENT OF DEFICIENCIES
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Review of the MOR for , 2018 revealed doses were given on and , 2018. The back of the MOR included the same 2 dates with the reasons and results documented. The back also included a dose being given on at 5:30PM that was not signed off on the front. The date of the order was typed on the MOR as .
A count sheet was not available for , 2018.

On at 3:35PM Staff D, the director of nursing, did not have an explanation as to why the MOR front and back side documentation and count sheets did not match in , , , and , 2018.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record reviews and interview, the facility failed to ensure an unlicensed caregiver (B) received the initial 4 hour training on providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF) prior to assisting a resident (#1) with self-administered medications.

Findings:

Caregiver B was listed on the facility's staffing schedule to work as a "med tech" on from 3pm-11pm.

Caregiver B's personnel record revealed a hire date of . The record contained a training certificate, dated on , for 4 hours of training on assistance with self-administered medications. However, a registered nurse or pharmacist did not sign the certificate.

During an interview with the nursing director on at 4 pm, she said that although caregiver B was on the schedule to work as a "med tech" on she was only training on the medication cart and did not assist with medications.

However, review of the , 2018 Medication Observation Record (MOR) for resident #1 revealed caregiver B signed that she gave medications to the resident on at 5pm and 8pm and she signed her full name on the back of the MORs.

On at 4:15 pm, the nursing director confirmed the findings and said the nurse who worked with

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SUMMARY STATEMENT OF DEFICIENCIES
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caregiver B on . . . . gave the medications but told the caregiver to sign the MOR.

Class III