STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966804	04/16/2018
NAME OF PROVIDER OR SUPPLIER LEDGE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 12006 MCINTOSH ROAD THONOTOSASSA, FL 33592	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint Investigation (CCR 2018003715) was conducted at Ledge Manor on in conjunction with a Revisit to a 2/2/18 Complaint (CCR#2017014212 and 2017013954), a 2nd Revisit to 11/15/17 & 2/2/18 Complaint (CCR# 2017010789), and a Revisit to 2/2/18 Biennial Survey. Ledge Manor had deficiencies at the time of the investigation.

(License #11289)

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

Based on record review and interview the facility failed to ensure that prescribed medications were properly labeled for one (Resident #4) of six resident records sampled.

Findings Included:

A review of the Medication Observation Record (MOR) on for Resident #4 revealed that the order on the MOR read - 5-325 take one tablet by mouth every 12 hours, the label on the Medication Card read take one tablet every 8 hours, and the order read take every 9 hours (photographic evidence obtained).

During an interview on at 2:35 PM with the Director of Nursing (DON), they confirmed and acknowledged that the physician's order, the label, and the MOR for - for Resident #4 were all different. The DON stated that they were not aware that the medication card needed to be changed with the new order, and thought that the MOR being changed would be sufficient.

Class III

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

Based on record review and interview, the facility failed to provide proof that unlicensed persons, as defined in Section 429.256(1)(b), Florida Statutes, who provided assistance with self-administered medications (Med Techs), had successfully completed the initial 4 hour training (Med Tech Training), for one (Staff D) of three records reviewed for Med Techs.

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

Findings included:

A review of employee records conducted on showed that Staff D's record had no proof of Med Tech Training. Staff D's record showed a date of hire of .

An interview was conducted with the Administrator at 12:45 PM on and they stated that Staff D was a Med Tech and assisted the facility's residents with self-administered medication.

The Assistant Business Manager was interviewed at 12:56 PM on concerning the lack of proof of Med Tech Training in Staff D's record. The Assistant Business Manager stated that Staff D would fax the Med Tech Training certificate. There was no proof of Med Tech Training provided for Staff D as of 5:30 PM on when the surveyors exited the facility.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to ensure that medication observation records (MORs) were maintained on file for one (Resident #6) of six residents selected for medication review.

Findings Included:

During a record review on of Resident #6's records, the MORs for the month of , 2018 could not be produced.

In interview with the Administrator on at 1:19 PM, they acknowledged and confirmed that , MORs for Resident #6 could not be found in the facility.

Class III