STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968993	**06/06/2018**
NAME OF PROVIDER OR SUPPLIER **ARBOR TERRACE SAN JOSE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3760 DUPONT AVE** **JACKSONVILLE, FL 32217**	

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

0000 - Initial Comments

A complaint investigation (CCR#2018003865) was conducted at Arbor Terrace San Jose Assisted Living from to . Arbor Terrace San Jose (license #12829) had deficiencies at the time of the investigation.

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

Based on record review and staff interview, the facility failed to assure assistance with medications was provided in a timely and appropriate manner for 1 of 3 residents reviewed (Resident A).

The findings include:

Record review for Resident A showed she was ordered an on , to be taken twice a day for 14 days.

The medication observation record (MOR) for Resident A revealed an entry for staff to document Resident A received the as prescribed. The MOR was not signed by the medication aid or nurse for the dates of , or to indicate the medication had been provided to Resident A.

During an interview with the Director of Nursing on at 12:45 PM she acknowledged the medication listed on the MOR was not signed as provided to the resident for 3 days for Resident A.

Class III