STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911234	**06/06/2018**
NAME OF PROVIDER OR SUPPLIER **BETHESDA ON TURKEY CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **2800 FORDHAM ROAD, NE** **PALM BAY, FL 32905**	

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

0000 - Initial Comments

On . . . . . 2018, a complaint survey (CCR# 2018006456; License# 4788) was conducted at Bethesda on Turkey Creek Assisted Living Facility. Deficient practice was identified on the date of survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, interview and record review the assisted living facility failed to honor the rights of 5 of 29 sampled residents (Residents #3, 4, 5, 6, and 8) by ensuring an annual physician review was conducted and/or obtained for use of half bed rails positioned on the resident's beds.

Findings Include:
On . . . . . at 10:45 AM, a facility tour was conducted. Observations of . . . belonging to Resident #3, #4, #5, #6 and #8 revealed half-bed rails were affixed to each resident's bed.

On . . . . . at 2:00 PM, a request for physician orders for the observed bedrails were requested from the Administrator.

On . . . . . at 2:29 PM, an interview was conducted with the Administrator who stated he was only able to find one physician order for the requested residents. The Administer provided a physician order for half bed rails dated . . . . . for Resident #8.

Class III

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

Based on record review and interview the Assisted Living Facility failed to ensure medication observation records (MOR) for 14 of 29 sampled residents (Resident #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, and #22) were immediately updated each time a medication was offered or administered.

Findings Include:
An observation of medication observation records (MOR) for 14 of 29 sampled residents (Resident #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, and #22) revealed no signature that the medication was given or explanation for why the medication was not given for dates starting . . . . . -
6th, 2018.

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BETHESDA ON TURKEY CREEK	**2800 FORDHAM ROAD, NE PALM BAY, FL 32905**

SUMMARY STATEMENT OF DEFICIENCIES
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On , 2018 10:25am Observed Staff A. rushing through the Medication Observation Record book to initial medications that had already been administered earlier in the morning.

On , 2018 10:25am, Interview with Staff A, was conducted, Staff A stated, "I already gave those residents their medicine; but I forgot to sign the Medication Observation Records (MORS)".

On , 2018 at 5:20pm; Interview was conducted with Administrator; who stated that they are aware of the issues, and recently had their pharmacy team come to the facility to review the medication cart, and the blanks in the MORS. Administrator stated that the staff who was found to be responsible has since been terminated, and that they have no comments at this time. Administrator stated that he and his staff are trying to get ahead of the issue, and that they are working on it.

Class III

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

Based on interview and medication observation record review the assisted living facility failed to ensure residents received assistance with self-administration of medication per physician orders, for 1 of 29 (Resident #1) sampled Residents. The assisted living facility also failed to reorder residents' medication in a timely manner during the time in which the medication was prescribed for 1 of 29 sampled residents #2.

Findings Include:
1. On , 2018 at 10:50am, observed Staff A, not following physician orders for Resident #1. Physician orders for Resident #1 stated that two of the resident's medicine was to be given on an empty stomach every morning at 6:00am, and six other medications, which are to be given at 8:00am. Observed Staff A, administering Resident #1 medications at 10:50am on , 2018.

On , 2018 at 12:35pm, interview was conducted with Staff A as to why Resident #1 did not receive the prescribed medication within the allotted window time, and before breakfast was served. Staff A, stated that when she arrives in the morning at 7AM, the resident receives the required medications. Staff A also stated that, she did give the resident medicine late, because the resident did not want to get up, and did not want to eat so she let the resident sleep. Staff A, also stated that she is responsible for giving the 6:00am medications at 7:00am when she arrives for work. Staff A, indicated that by the time she gets to all the residents that requires 6:00am medications, she is outside the one hour administration window.

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SUMMARY STATEMENT OF DEFICIENCIES
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On , 2018 at 5:15pm; Interview with facility Resident Care Director (RCD), she stated that the 11pm-7am shift will now be responsible for administering the 6:00am medications to the Residents.

2. A record review of Resident #2's Health Assessment Form (AHCA Form 1823) dated noted Resident #2 is diagnosed with , , functional decline. , Infraction, , Communication , and needs assistance with self-administration of medications.

Resident #2's MOR (Medication Observation Record) dated , 2018 revealed the following:

, 25 mcg tablet to be administered at 6:00am "take one tablet by mouth on an empty stomach every day in the morning" for .
, Dr 40 mg tablet, to be administered at 6:00am "take one tablet by mouth on an empty stomach every day in the morning" for .
50 mg Tablet Tev ( ), to be administered at 8:00am "take one tablet by mouth everyday" for .
0.25 mg, to be administered at 8:00am "take one tablet by mouth everyday" for supplementation.
, 20 mg, to be administered at 8:00am "take one tablet by mouth everyday" for , .
Xr 28 mg Capsule, to be administered at 8:00am "take one capsule by mouth everyday" for memory.
Trintellix 10mg Tablet, to be administered at 8:00am "take one tablet by mouth everyday" for , .
V-R , 81 mg Tablet Mck (,), to be administered at 8:00am "take one tablet by mouth everyday" for health.

According to the MOR, resident #1 is to receive two medications at 6am and six medications at 8:00am. Observed Staff A administering those medications, in their entirety at 10:50am.

A record review of Resident #2's MOR revealed no signature indicating that the medication was given or explanation for why the medication was not given for the dates of , and .

100 MG Pki (Desyrel) "Take ½ tablet (50mg) by mouth at bedtime for 5 days then take one tablet by mouth at bedtime".

A record review of Resident #2's AHCA Health Assessment (Form 1823) dated revealed the Resident diagnoses are , Dyslipidemia and and needs assistance with self-administration of medications.

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On , 2018 at 1:00pm, Interview was conducted with Staff C regarding why Resident #2 did not receive medication for 3 consecutive days in which she stated, "I informed Director of Nursing the Resident has no more medication in the cart".

On , 2018 at 3:15pm, an interview was conducted with the Director of Nursing on why Resident #2 did not receive medication for 3 consecutive days in which she stated, "I did not refill the medication when it was needed".

On , 2018 at 5:20pm; Interview with Administrator; who stated that they are aware of the issues, and recently had their pharmacy team come to the facility to review the medication cart, and the blanks in the Medication Observation Record. Administrator stated that the staff who was found to be responsible has since been terminated, and that they have no comments at this time. Administrator stated that he and his staff are trying to get ahead of the issue, and that they are working on it.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on interview and record review, the facility failed to ensure a signed attestation of compliance certifying that each employee was free from disqualifying offenses related to background screening was maintained in the staff file for 1 of 11 sampled staff (Staff B)

Findings Include:

A record review of Staff B's employee file revealed that there was no background screening compliance attestation form located in the file.

A review of the Background Screening portal for Staff B revealed the clearinghouse screening available section indicated the letter Y, reflecting that the Agency received a signed attestation form from the provider.

On at 4:11 PM, an interview was conducted with the Administrator. The Administrator stated, "I don't see it in the file" for Staff B.

Unclassified