STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968351	**06/18/2018**
NAME OF PROVIDER OR SUPPLIER **HOUSE OF LIGHT SENIOR LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2638 JUPITER BLVD SW** **PALM BAY, FL 32908**	

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

0000 - Initial Comments

An abbreviated re-licensure survey was conducted on . . . . House of Light Senior Living, LLC Assisted Living Facility, License #12240 had a deficiency at the time of the visit.

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

Based on medication observations and interview the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

On at 12 PM caregiver B removed the medication package from the locked cabinet from inside of the container where it was stored. She removed and placed a pill from the bubble pack in a small cup, took the cup to where resident #3 was sitting and stated the name of the pill to resident #3. Caregiver B again went to the container removed the second medication, removed and placed a pill in the cup, took the cup to where resident #3 was sitting and stated the name of the medication to the resident. Caregiver B watched resident #3 take the medication and signed the MOR.

Caregiver B did not follow the proper steps when she assisted with the resident with her medications, she did not in the presence of the resident, read the label, open the container, remove the prescribed amount of medication from the container.

On . . . at 12:10 PM, caregiver B said she was not aware she was required to read the label in the presence of the residents.

Class III