STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966804	**06/19/2018**
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 2018007052) was conducted at Ledge Manor on in conjunction with a revisit to Complaint (CCR#2018003715) and a 2nd revisit to and biennial survey. Ledge Manor had deficiencies at the time of the investigation.

(License #11289)

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to obtain an interdisciplinary care plan that specified care and services provided by hospice, and those care and services provided by the facility for one (Resident #9) of one resident sampled receiving hospice services

Findings Included:

A record review for Resident #9, conducted on , revealed that Resident #9's record did not include an interdisciplinary care plan specifying all care and services provided by hospice and those provided by the facility and agreed upon by hospice, the facility, and Resident #9 or their responsible party.

During an interview with the Director of Nursing, conducted on at 2:30 PM, the Director of Nursing acknowledged and confirmed that Resident #9 did not have an interdisciplinary care plan, which specified all care and service provided by hospice and those provided by the facility.

Class III

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

Based on record review and interview, the facility failed to update Medication Observation Records (MORs) each time a medication was offered to two residents (Resident #9 and Resident #10) of six sampled residents who required assistance with self-administration of medication.

Findings included:

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

During a MORs review for Resident #9 conducted on [redacted], it was revealed that Resident #9 had medications documented as not given. There was no explanation on the back of the MOR as to why medication was not given (photographic evidence obtained). The medications not documented included:
20 mg daily on
[redacted] 25 mg daily on [redacted]

During a MORs review for Resident #10 conducted on [redacted], it was revealed that Resident #10 had medications documented as not given. There was no explanation on the back of MORs as to why medication was not given (photographic evidence obtained).
Medication not documented on the [redacted] 2018 MOR included:
Floranex two times daily on [redacted] to [redacted]

Medication not documented on the [redacted] 2018 MOR included:
40 mg daily on [redacted] to
[redacted] 40 mg daily on [redacted] to [redacted]

In an interview with the Director of Nursing on [redacted] at 2:18 PM, they acknowledged and confirmed that the back of the MORs for Residents #9 and #10 were not documented as required.

Class III