

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969178	(X3) DATE SURVEY COMPLETED R 06/26/2018
NAME OF PROVIDER OR SUPPLIER CAIRN PARK 5	STREET ADDRESS, CITY, STATE, ZIP CODE 2003 ACADEMY BLVD CAPE CORAL, FL 33990	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on _____ at Cairn Park 5, an assisted living facility (license #12986) in Cape Coral, Florida.

This was a follow-up to the complaint survey completed on _____.

The following is description of deficiency found at the time of this visit.

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

Based on record review and interview, the facility failed to maintain a daily Medication Observation Record (MOR) and a chart for recording each time a medication is taken, any missed doses, refusals to take medication as prescribed, or medication errors for 3 (Resident #3, #4, and #5) out of 4 residents sampled.

The findings included:

1. Review of Resident #3's MOR for _____ 2018 showed on _____ at 8:00 a.m., medication Ester C tab (_____) 1000 mg, take 1/2 tab by mouth twice daily was circled as not given and no reason was documented by the med tech. On _____ at 8:00 a.m., medication _____ (_____) (anti _____, med) 0.5 mg tablet, take 1 tablet by mouth twice daily was circled as not given at 8:00 a.m. and no reason was documented by the med tech. On _____ at 8:00 a.m., medication _____ Balance 0.6% eye Drop for (_____) Balance) instill one drop into each eye at 8:00 a.m. and 2:00 p.m. The dose was circled as not given at 8:00 a.m. and no reason was documented by the med tech. On _____ at 8:00 a.m., medication _____ Root 450 mg (herb medication) Capsule, take 2 capsules by mouth at 2:00 p.m. and 3 at bedtime. The 8:00 a.m. dose was circled as not given and no reason was documented by the med tech. Medication _____ ER 600-30mg, take one tablet by mouth twice daily for 14 days. The medication was not documented as given on _____ at 8:00 p.m.

2. Review of Resident #5's MOR for _____ 2018 showed Jobst -Knee High 8-15 mmhg medium beige 1 pair, put on every morning and remove every evening, on _____, _____, and _____ at 8:00 a.m. The time was circled as knee high stockings were not put on the resident and no reason was documented by the med tech. On _____, _____, and _____ at 8:00 p.m. knee high stockings were documented as circled, not taken off the resident at 8:00 p.m., and no reason documented by the med tech.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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3. Review of Resident #4's MOR for 2019 showed Medication 0.5 mg tablet (), take 1 tablet by mouth at 2:00 p.m. and take 1 tablet by mouth at 8:00 p.m. on at 2:00 p.m., medication was not charted as given and no reason was documented by the med tech. Medication () 500 mg cap, 1 cap ny mouth twice daily for 7 days, first dose at 2:00 p.m. The medication was not documented as given by the med tech beginning at 2:00 p.m. on . The medication was documented on MOR as to be given at 8:00 a.m. and 8:00 p.m. starting on and if given for 7 days should have ended at 8:00 p.m. on . The med techs had documented extra doses of medication on at 8:00 p.m., and 2 extra doses on and at 8:00 a.m. 4. During an interview on at 3:00 p.m., the Administrator reported she was not aware medications were not documented correctly. Class III		