STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967919	R 06/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMBITIOUS QUALITY-CARE ASSISTED LIVING LLC	**3939 COUNTRY PL WINTER HAVEN, FL 33880**

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

0000 - Initial Comments

Assisted Living Facility

A revisit to a . . . . Complaint (CCR#2018002306) was conducted at Ambitious Quality-Care Assisted Living on . . . . . Ambitious Quality-Care Assisted Living had a deficiency at the time of the visit.

(License #11988)

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

Based on observation, interview, and record review, the facility failed to ensure that they provided assistance with self-administration of medications consistent with written orders from a health care provider for one (Resident #1) of three residents sampled. Additionally, the facility failed to ensure that medications were refilled in a timely manner for residents who receive assistance with self-administration of medication for one (Resident #1) of three residents sampled.

Findings included:

A medication observation was conducted at 10:07 AM on . Staff A, a medication technician, was observed assisting Resident #1 with six medications. A review of the medication observation record (MOR) for Resident #1 showed that the six medications were scheduled to be taken at 8 AM (photographic evidence obtained).

An interview was conducted with Staff A at 10:10 AM on . . following the medication observation. Staff A was asked why the resident received their medication late, as the MOR stated they were due at 8 AM. Staff A stated that Resident #1 "slept in".

A review of the MOR and medications for Resident #1 conducted at 10:00 AM showed that the medication Pain Reliever Added 250-250-65 MG (Pain Reliever) was not available. Staff A was interviewed at 10:06 AM on . . . . and asked to see the container for the Pain Reliever. Staff A stated that they were out of the medication and it ran out yesterday.

An interview was conducted with the Administrator at 10:19 AM on and they stated that they did not have a written policy and procedure concerning refills of prescribed medication.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967919	R **06/25/2018**
NAME OF PROVIDER OR SUPPLIER **AMBITIOUS QUALITY-CARE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3939 COUNTRY PL** **WINTER HAVEN, FL 33880**	

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