STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910366	07/12/2018
NAME OF PROVIDER OR SUPPLIER **A COUNTRY RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **14327 N. 69TH DRIVE** **PALM BEACH GARDENS, FL 33418**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at A Country Residence, License #5699. The facility had a deficiency identified at the time of the survey.

0052 - Medication - Assistance with Self-Admin - 429.256(3-4); 58A-5.0185 (3)

Based on observation and interview, the facility failed to ensure that all staff who assist with self-administration of medication signed the Medication Observation Record (MOR) after assisting with the medication for 5 of 5 sampled residents (Resident#'s 1, 2, 3, 4,5).

The Finding Included:

1) On at approximately 8:30 AM a medication pass was observed with Staff A, which revealed Staff A assisted Resident#1 with self-administration of medication. Staff A sanitized hands, compared the medication with the (MOR), and signed the MOR prior to giving the medication. Staff A then took the medication package to the Resident#1, announced the following medications: , 325mg., DOC-Qlate 100mg Soft Gel, , 81mg, D3 1000 units, , 25mg, Esitalopram 10mg, and Asper Cream 10%., gave to Resident#1 and watched the resident swallow the pills. Staff A placed Asper Cream on Resident#1's finger and watched her apply the cream.

2) On at approximately 8:33AM a medication pass was observed with Staff A, which revealed Staff A assisted Resident#2 with self-administration of medication. Staff A sanitized hands, compared the medication with the (MOR), and signed the MOR prior to giving the medication. Staff A then took the medication package to the Resident#2. Staff A announced the following medications: , 75mcg, Omeprozole DR 20mg, 1000mcg, C 500mg, , HBR 20mg., Certavite Senior Tab, , Furmarate 50mg., gave to Resident#2 and watched the resident swallow the pills.

3) On at approximately 8:35AM a medication pass was observed with Staff A, which revealed Staff A assisted Resident#3 with self-administration of medication. Staff A sanitized hands, compared the medication with the (MOR), and signed the MOR prior to giving the medication. Staff A then took the medication package to the Resident#3, announced the following medications: , 50mcg, Hair, Nail & Skin Extrength, Sertraline 25mg, Doc-Q-Lace 100mg, Triamcinolene 0/1% Ointment., gave to Resident#2 and watched the resident swallow the pills.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910366	07/12/2018
NAME OF PROVIDER OR SUPPLIER **A COUNTRY RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **14327 N. 69TH DRIVE** **PALM BEACH GARDENS, FL 33418**	

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

4) On at approximately 8:40AM a medication pass was observed with Staff A, which revealed Staff A assisted Resident#4 with self-administration of medication. Staff A sanitized hands, compared the medication with the (MOR), and signed the MOR prior to giving the medication. Staff A then took the medication package to the Resident#4. announced the following medications: 20mg. Tab, , 81mg, 20mg Capsule, 0/1% Cream., gave pills to Resident#4 and watched the resident swallow the pills. Staff A placed 0/1% cream on Resident#4 hand and watch Resident#4 apply cream.

5) On at approximately 8:33 AM a medication pass was observed with Staff A, which revealed Staff A assisted Resident#5 with self-administration of medication. Staff A sanitized hands, compared the medication with the (MOR), and signed the MOR prior to giving the medication. Staff A then took the medication package to the Resident#5, announced the following medications: HCTZ 100-125mg. gave to Resident#5 and watched the resident swallow the pill.

During an interview with the Administrator on at approximately 12:15PM, she acknowledged the findings.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to conducted document biannual facility wide Elopement Drills for 2017.

The Findings Included:

at approximately 11:30AM, a review of the facility Elopement Policy and Procedure Binder which revealed no documentation of Elopement Drills for 2017. At this time the Administrator was provided an opportunity to locate the documentation .

During an interview with the Administrator on at 12:30PM, she acknowledged the findings and provided no additional documentation for review.

Class