STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969022	R 07/31/2018
NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2250 S SEMORAN BLVD ORLANDO, FL 32822	

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

0000 - Initial Comments

A revisit to complaint investigation #2018001731 was conducted on in addition to a revisit to the re-licensure survey. Assisted Living Facility, License #12850 had a deficiency at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on observations and interview the facility failed to ensure the unlicensed staff (H) who assisted 1 resident (#8) with self-administration of medications followed the correct procedure.

Findings:

Observations on at 11:50 AM during the mediation pass noted that staff H went to the apartment of resident #8 and told her it was almost lunchtime; she was going to give her the noon medications.

The staff went to the medication cart, retrieved 2 bubble packs of the medication. She put one pill from each bubble pack in a cup and brought the cup to the resident with a cup of water. She told the resident this is your , and your . She observed the resident take the medication and then signed the Medication Observation Record (MOR).

In an interview on at 12 PM with staff H, who said she only read the label aloud if there were many medications.

The staff did not bring the medications in their properly dispensed containers to where the resident was, in the presence of the resident read the label aloud, take the prescribed amount of medication and hand the medications to the resident.

In an interview on at 2 PM with the director of nursing who offered no comment.

Class III