STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964831	**08/15/2018**
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT TYRONE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 68 STREET, NORTH** **SAINT PETERSBURG, FL 33710**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint Survey (CCR#2018009038) was conducted at Arbor Oaks at Tyrone Assisted Living Facility (License #9299) on . . . . Arbor Oaks at Tyrone Assisted Living Facility had deficient practice identified at the time of survey.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview, and facility policy review the facility failed to safely store resident medications by pre-pouring multiple resident medications into medicine cups and storing it in the top drawer of the medication cart.

Findings included:

Review of the facilities "Medication Administration and Treatment" policy revealed the following:

"5. Pre-pouring any medication is not an acceptable or safe practice standard.
6. Medications and/or treatments should be prepared for the resident immediately before administration/ assistance."

An observation was conducted on at 09:22 a.m. of three medication carts. One of the three medication carts named "ALF (Assisted Living facility) rolling medication cart" was observed to have 9 medication cups each with multiple pills in them. Each medicine cup was labeled with handwritten resident names and . . . . . (Picture evidence available).

An interview was conducted with Staff C, Licensed Practical Nurse (LPN) at . . . . at 09:22 a.m. When asked why there were medicine cups with pills in them stored in the medication cart, Staff C said "what we do is take the residents pills that are due to be given, put them in the med cups, label them, put them in the ALF rolling cart. Then we take the rolling cart to the resident's and give the residents their meds that way." Staff C was asked "is this how you were trained?" Staff C said "this is just what we do."

During an interview on at 2:06 p.m. with the administrator, she confirmed the staff should not be pre pouring medications. They should be dispensing the meds as they are giving it. The owner was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964831	**08/15/2018**
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT TYRONE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 68 STREET, NORTH** **SAINT PETERSBURG, FL 33710**	

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

present during the interview and he also confirmed the staff should not be pre pouring medications .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964831	**08/15/2018**
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT TYRONE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 68 STREET, NORTH** **SAINT PETERSBURG, FL 33710**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint Survey (CCR#2018009038) was conducted at Arbor Oaks at Tyrone Assisted Living Facility (License #9299) on . . . . Arbor Oaks at Tyrone Assisted Living Facility had deficient practice identified at the time of survey.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview, and facility policy review the facility failed to safely store resident medications by pre-pouring multiple resident medications into medicine cups and storing it in the top drawer of the medication cart.

Findings included:

Review of the facilities "Medication Administration and Treatment" policy revealed the following:

"5. Pre-pouring any medication is not an acceptable or safe practice standard.
6. Medications and/or treatments should be prepared for the resident immediately before administration/ assistance."

An observation was conducted on at 09:22 a.m. of three medication carts. One of the three medication carts named "ALF (Assisted Living facility) rolling medication cart" was observed to have 9 medication cups each with multiple pills in them. Each medicine cup was labeled with handwritten resident names and . . . . . (Picture evidence available).

An interview was conducted with Staff C, Licensed Practical Nurse (LPN) at . . . . at 09:22 a.m. When asked why there were medicine cups with pills in them stored in the medication cart, Staff C said "what we do is take the residents pills that are due to be given, put them in the med cups, label them, put them in the ALF rolling cart. Then we take the rolling cart to the resident's and give the residents their meds that way." Staff C was asked "is this how you were trained?" Staff C said "this is just what we do."

During an interview on at 2:06 p.m. with the administrator, she confirmed the staff should not be pre pouring medications. They should be dispensing the meds as they are giving it. The owner was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964831	**08/15/2018**
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT TYRONE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1701 68 STREET, NORTH** **SAINT PETERSBURG, FL 33710**	

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

present during the interview and he also confirmed the staff should not be pre pouring medications .

Class III