STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	R 09/04/2018
NAME OF PROVIDER OR SUPPLIER **SPRING HAVEN RETIREMENT COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 HAVENDALE BLVD NW** **WINTER HAVEN, FL 33881**	

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

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

Based on record review and interview, the facility failed to ensure medications were provided as prescribed by a health care provider for (#1) of 3 residents sampled for observation of the medication pass and Medication Observation Record (MOR) review.

Findings Included:

During an observation of a medication pass on at 2:00 pm for Resident #1, the unlicensed staff (med tech) opened the electronic medication observation record and removed the resident's bubble pack from the locked cart. The med tech read the prescription label to Resident #1 and confirmed the label read: " , Capsule 100 mg Take 1 capsule by mouth every 8 hours. 8:00 am- 2:00 pm- 10:00 pm".
The med tech pushed the pill into a soufflé cup, gave the resident a cup of water and watched the resident swallow the pill.

Further review of the medication observation record revealed the label read "Give one capsule every 8 hours."
The MOR had the medication times as 8:00 am and 2:00 pm, less than 8 hours. (6 hours).

The med tech stated on at 2:00 pm that the medication observation record is printed by the pharmacy and the time must have been changed. The med tech confirmed she followed the MOR and not the prescription label and the facility did not question the discrepancy and get clarification.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922334	R **09/04/2018**
NAME OF PROVIDER OR SUPPLIER **SPRING HAVEN RETIREMENT COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 HAVENDALE BLVD NW** **WINTER HAVEN, FL 33881**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to a . . . . complaint (CCR #2018009762) was conducted at Spring Haven Retirement in conjunction with a monitoring visit and a complaint (CCR #2018012201) on . . . at Spring Haven Retirement Community. There were deficiencies identified during the survey.

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