STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969204	**10/01/2018**
NAME OF PROVIDER OR SUPPLIER **HEAVENLY ADULT CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3934 SW KAKOPO ST** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) Monitoring survey was conducted on . . . . at Heavenly Adult Care LLC, License # 13020. 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 medications were administered in accordance with physician orders for 1 of 2 sampled residents (R 2)

Findings include:

An observation of medication assistance was conducted on at 8:39 AM. The staff person removed a tray containing medications for Resident # 2 from the locked cabinet. She proceeded to pour seven mediations into a plastic cup without reading the label or referring to the Medication Administration Log book. The Surveyor stopped the staff person and requested that she compare the medications to the book . The staff person confined that she had poured the medications without looking at the labels or the orders and had accidentally poured a medication prescribed for bedtime ( ).

Classs III