STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968390	R 12/18/2018
NAME OF PROVIDER OR SUPPLIER **MERLOX HAVEN LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3151 GRANADA BLVD** **KISSIMMEE, FL 34746**	

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

0000 - Initial Comments

A revisit to the re-licensure was conducted on . . . . . Merlox Haven LLC, (LIC#12291) had a deficiency at the time of the visit.

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

Based on record review and interview the facility failed to label "as needed" or "as directed" on the prescription medication and revise directions on the Medication Record Observation (MORs) as instructed by the physician for 1 (#2) out of 3 sampled residents.

Findings:

During a review on of resident #2's physician ordered prescription dated it states the medication . . . 8.6 Q is to be administered PRN. In a review of the physicians order faxed to the pharmacy on it states the medication is to be given two times daily. In further review the medication . . . ordered on . . . . and the MORs dated for . . . . . for Resident#2 did not state PRN.

The MORs reflects the medication ordered on for Resident#2 had not been administered for the month of . . . . . .

The Administrator and the Staff A stated" the pharmacy had sent the medication with the wrong label." She confirmed she has been following the directions of PRN use and never followed up with the physician or pharmacy to resolve the conflict.

Class III