STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964054	01/29/2019
NAME OF PROVIDER OR SUPPLIER **BRIGHT HORIZONS OF GREENWOOD, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9565 NW 27TH STREET** **CORAL SPRINGS, FL 33065**	

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

0000 - Initial Comments

An unannounced abbreviated Re-licensure Survey was conducted on at Bright Horizons of Greenwood, Inc. (License# 8786). There was a deficiency identified during the time of the survey.

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation, interview and record review, the facility failed to ensure that all staff assist residents with self-administered medications in accordance with proper state regulatory procedures, for 2 out of 2 sampled residents reviewed for medications (Resident #2, and Resident 3).

The findings included:

While observing a medication pass between the times of 11:45 AM-1:00 PM with Staff A on , the following was observed:

a) Staff A took the medication from the medication storage area for Resident #2, reviewed the medication label, and took the medication from the package to put the pill in the medication cup. Staff A than put the medication package in the medication storage area, gave the pill and a cup of water to the Resident #2, then observed the resident take the medication with the water. Staff A then signed the MOR, and continued onto the next resident.

b) Staff A took the medication from the medication storage area for Resident #3, reviewed the medication label, took the medication from the package and put the pill in the pill crusher. Staff A than took the pill contents and mixed it with applesauce, and put it in the medication cup. Staff A took the medication package in the medication storage area, attempted to put the spoon of applesauce with the crushed medications in the resident's . Resident #3's were shaking to the point of being unable to hold the spoon to put it in her , and unable to open her completely to take the medicine. The resident slurped the applesauce off of the spoon with Staff A holding the spoon for her up to her . Resident #3 observed the resident swallow the medication, signed the MOR.

Staff A gave the medication to Resident #2 and Resident #3, observed both residents take the medication, and signed MOR for the medication being given without reviewing the MOR to determine that the right medication was given, at the right time, right route, or right dosage amount . Staff A also did not state the names of the medications to each resident and Administered medications to Resident #3 due to the resident not being able to assist in the self-administration of medication process.

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SUMMARY STATEMENT OF DEFICIENCIES
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During an interview with Staff A and the Administrator on [redacted] at 1:00 PM, the findings were discussed and acknowledged. No additional information was provided for review.

Class III