STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969078	R 02/07/2019
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR LIVING AT THE LODGES AT IDLEWILD**	STREET ADDRESS, CITY, STATE, ZIP CODE **18440 EXCITING IDLEWILD BLVD** **LUTZ, FL 33548**	

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

0000 - Initial Comments

Assisted Living Facility

On , a revisit to a complaint survey (CCR# 2018015497) was conducted at Angels Senior Living at the Lodges of Idlewild. Deficiencies were identified during the visit.

(License #12899)

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

Based on observation, record review and interview the facility failed to follow the requirements in 429.256 FS for assistance with self-administration of medications for one Resident (#1) of eight sampled residents.

Findings Included:

During a medication pass observation conducted on at 1:15 PM, Staff A, an unlicensed staff, was observed providing medication administration to Resident #1. Staff A was observed to pop Resident #1's medications into a cup, mix it with applesauce and then spoon fed it to Resident #1. Resident #1 did not participate in taking the medications.

A record review conducted on , for Resident #1 revealed a Resident Health Assessment (Agency Health Care Administration for 1823) dated that indicated Resident #1 required assistance with self-administration.

In an interview with Staff A, an unlicensed staff, conducted on at 1:17 PM, Staff A confirmed that they spoon-fed the medication to Resident #1 and that the resident did not assist with self-administration.

During focused resident interviews conducted throughout survey, beginning on at 11:05 AM, Resident #3 stated unlicensed staff brought their medications to them in a cup mixed with yogurt and sometimes leave the cup on the dining room table for them for after they finish breakfast. Resident #3 stated staff do not read the label to them.
At 11:35AM that same date, Resident #5 stated sometimes staff do not read the medication label. Residents #7, 8, 9, 10 and 11 all denied staff read the label to them. Resident #6 said staff sometimes read the label.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969078	R **02/07/2019**
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR LIVING AT THE LODGES AT IDLEWILD**	STREET ADDRESS, CITY, STATE, ZIP CODE **18440 EXCITING IDLEWILD BLVD LUTZ, FL 33548**	

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

In an interview with the Administrator, conducted during exit, the Administrator confirmed that Staff A is an unlicensed staff and is not qualified to provide medication administration.

Class III

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42( ) FS; 58A-5.033(3)(a) FAC

Based on record review, observation, and interview the facility failed to correct a pharmacy related class III deficiency regarding medicinal drugs as required.

Findings Included:

During a revisit to Complaint Survey (CCR#: 2018015497) conducted on), the facility failed to correct a previously cited Class III deficiency related to assistance with self-administration of medication (A0052).

The Facility is required to employ or contract the services of a licensed pharmacist or a licensed registered nurse to provide at a minimum onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.

Class III