STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968636	**02/13/2019**
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR LIVING AT NEW TAMPA, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14712 N 42ND ST** **TAMPA, FL 33613**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint Survey (CCR#: 2018018108 & 2019001645) in conjunction with an Initial Limited Mental Health Survey was conducted at Angels Senior Living at New Tampa on . . . . Angels Senior Living at New Tampa had deficient practice identified at the time of survey.

(License#: 12507)

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on record review and interview, the Facility failed to follow their own policy and provide documentation that the Facility returned all medications (including medications) to the resident or resident's Responsible Party upon discharge for one Resident (#1) of three sampled discharged residents.

Finding Included:

A record review for Resident #1, conducted on . . . . . , revealed that the resident was discharged from the Facility on . There was no evidence in Resident #1's record that the Facility provided the resident or the resident's Responsible Party the resident's medications upon discharge.

A review of the Facility's Medication Policy and Procedure, conducted on . . . . . , revealed that per Facility policy, the Facility was supposed to obtain documentation of medications that residents took with them upon discharge of the resident, which included a signed signature receipt of the resident's medications.

During an interview with the Administrator-in-Training (AIT), conducted on at 03:30pm, the AIT stated that Resident #1's medications were sent with family upon the resident's discharge to a new Facility. Documentation and receipt of medications for Resident #1, which included medications, was requested at that time.

During an interview with the Administrator, conducted on . . . . . 03:26pm, the Administrator stated, "A copy of the resident's Medication Observation Records signed by the Facility and the person taking the medication" is to be maintained as documentation by the Facility.

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At 05:20pm, the Administrator continued to look for evidence that medications were signed for by Resident #1's family or Responsible Party.

At 05:30pm, there was no documentation provided by the Facility that indicated Resident #1's medications were provided to the resident or the resident's Responsible Party or to the resident's new Facility during transfer of the resident.

Class III