STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	02/13/2019
NAME OF PROVIDER OR SUPPLIER **LOVING CARE OF ST PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 9TH STREET NORTH** **SAINT PETERSBURG, FL 33701**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR# 2018018414) in conjunction with a revisit to a Complaint (CCR#20180156170) was conducted on at Loving Care of St. Petersburg (License # 11357) an Assisted Living Facility in St. Petersburg, FL. There were deficiencies identified at the time of survey.

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

Based on observation, interview, and record review, the facility failed to provide assistance with self-administered medications and ensure medications were given as ordered by a health care provider and in accordance with procedures described in Section 429.256, F.S.; specifically, the facility did not provide medication dosages within one-hour of the prescribed time for six (#2, #4, #6, #7, and #8) of six residents observed for assistance with medication self-administration.

Findings Included:

During an observation of Resident #6 and Staff B, Resident #6 approached Staff B at the medication cart and told Staff B that it was time to take her medications. Staff B said that Resident #6 had no medications due at that time. Resident #6 said she had not taken any medications that morning because she just woke up. Staff B informed Resident #6 that the medications were signed off as given.

During an observation of assistance with self-administration of medication with the Staff A on beginning at 9:04am, Staff A assisted Residents #2, #4, #6, #7, #8, and #9 with their ordered medications.

Record review of the Medication Observation Record (MOR) conducted on for revealed all residents morning medications were ordered for 8am.

During an interview with Staff A conducted on at 9:24am. Staff A confirmed the medications were given late and outside the one-hour prescribed time.

A review of Resident #1's MOR for revealed that Resident #1 did not receive medications as ordered (and Benzotropine) on , , , and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	**02/13/2019**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE OF ST PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 9TH STREET NORTH** **SAINT PETERSBURG, FL 33701**	

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

Class III