| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965923** | **02/13/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**GRACIOUS AGE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1401 MAGNOLIA AVENUE**<br>**SANFORD, FL 32771** | |

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

**0000 - Initial Comments**

The re-licensure survey was conducted on . Gracious Age, license #10274, had a deficiency at the time of the survey.

**0054 - Medication - Records - 58A-5.0185(5) FAC**

Based on record reviews, and interview, the facility failed to ensure the Medication Observation Record (MOR) was properly updated for 1 of 5 sampled residents (#3) who received assistance with self-administered medications.

Findings:

Resident #3 was admitted to the facility on . His current 1823 health assessment form, dated , indicated that he required assistance with self-administered medications.

Resident #3's MOR listed 50 milligram (mg) tablets, give 1 tablet by three times a day, hold for less than 110 and diastolic less than 60. The MOR did not contain any documented readings.

The current health care provider's order for the , dated , did not contain instructions to hold the medication based on his reading.

On at 1:56 p.m. the administrator said the most current order for was that of and said the hold parameters were incorrectly transcribed onto the MOR.

Class III