STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	02/18/2019
NAME OF PROVIDER OR SUPPLIER **SWAN AT LAKE CONWAY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3714 ST MORITZ STREET** **ORLANDO, FL 32812**	

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

0000 - Initial Comments

An annual monitoring visit was conducted on . . . . , . . , . . . Swan at Lake Conway, license # 11542, had a deficiency at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record reviews and interviews, the facility failed to follow a health care provider's medication order for 2 of 3 sampled residents (#4 and #5) and failed to document health care provider and family or responsible party notification in the resident's record when 1 of 3 sampled residents (#5) was sent to the hospital.

Findings:

1. Resident #4's record revealed a facility admission date of . . . . . A current 1823 health assessment form, dated , indicated that he required assistance with self-administered medications and he had a diagnoses of . . . . . .

The 1823 contained a health care provider's order for . . . . . Perle 100 milligram (mg) by . . . every 8 hours as needed for . however, on his , Medication Observation Record (MOR) the medication was scheduled to be given and signed every day at 8 a.m., noon, and 8 p.m.

On . . . . . at 4:15 p.m. the owner confirmed the finding, said the most recent order for the . . . . . Perle was that of , and said the staff gave it to him scheduled instead of as needed because he coughed all of the time. She said a health care provider had not been contacted to discuss any changes that needed to be made to the frequency of the medication.

Additionally, his record contained a health care provider's order, dated , for 50 mg by . . . twice a day as needed however, on his . . . . . , . . . MOR the medication was scheduled to be given and signed twice a day at 8 a.m. and 8 p.m.

On at 4:17 p.m. the owner confirmed the findings, said the most recent order for the was that of , and said the staff gave it to him scheduled instead of as needed because he always wanted it at those times. She thought she discussed the frequency of the medication with the health care provider but could not provide documentation of such.

2. Resident #5's record revealed a facility admission date of . . . . . A current 1823, dated . . . . ,

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

indicated that he required assistance with self-administered medications and he had a diagnoses of and .

An active medication list, dated , contained orders for , 325 mg, 2 tablets by every 6 hours for , and 150 mg by daily however, on his , MOR the written instructions for the , were to take 325 mg by every 8 hours as needed and was signed as given daily at 12, 4, and 12 and the order was not listed on the MOR at all.

On at 4:30 p.m. the owner confirmed the findings and was unable to provide additional documentation.

3. Resident #5's record contained a facility note, dated , that indicated he was very weak and was sent to the hospital. The record did not contain documentation to indicate the facility contacted a health care provider and family or responsible party when he was sent to the hospital.

On at 4:28 p.m. the owner confirmed the findings and was unable to provide additional documentation.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	02/18/2019
NAME OF PROVIDER OR SUPPLIER **SWAN AT LAKE CONWAY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3714 ST MORITZ STREET** **ORLANDO, FL 32812**	

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Based on record reviews and interviews, the facility failed to follow a health care provider's medication order for 2 of 3 sampled residents (#4 and #5) and failed to document health care provider and family or responsible party notification in the resident's record when 1 of 3 sampled residents (#5) was sent to the hospital.

Findings:

1. Resident #4's record revealed a facility admission date of . . . . . A current 1823 health assessment form, dated , indicated that he required assistance with self-administered medications and he had a diagnoses of . . . . . .

The 1823 contained a health care provider's order for . . . . . Perle 100 milligram (mg) by . . . every 8 hours as needed for . however, on his . Medication Observation Record (MOR) the medication was scheduled to be given and signed every day at 8 a.m., noon, and 8 p.m.

On . . . . . at 4:15 p.m. the owner confirmed the finding, said the most recent order for the . . . . . Perle was that of , and said the staff gave it to him scheduled instead of as needed because he coughed all of the time. She said a health care provider had not been contacted to discuss any changes that needed to be made to the frequency of the medication.

Additionally, his record contained a health care provider's order, dated , for 50 mg by . . . twice a day as needed however, on his . . . . . MOR the medication was scheduled to be given and signed twice a day at 8 a.m. and 8 p.m.

On at 4:17 p.m. the owner confirmed the findings, said the most recent order for the was that of , and said the staff gave it to him scheduled instead of as needed because he always wanted it at those times. She thought she discussed the frequency of the medication with the health care provider but could not provide documentation of such.

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Class III