STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922281	05/06/2019
NAME OF PROVIDER OR SUPPLIER **WESTBROOKE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **6701 DAIRY ROAD** **ZEPHYRHILLS, FL 33542**	

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

0000 - Initial Comments

A complaint investigation (complaint number 2019001700 and 2019006010) was conducted at Westbrooke Manor on . . . . The facility had deficiencies at the time of the investigation.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, interview, and record review, the facility failed to ensure that medications were provided according to the health care provider's order's for one (Resident #2) of three residents observed being provided with assistance with self-administration of medications.

Findings included:

Staff A was observed providing assistance with self-administration of medication beginning at 11:00 AM on . . . . . . A review of Resident #2's medication observation records (MORs) showed the medication Piedforte 1%-1 drop in left , every 2 hours (Start 4 hours after surgery) with the additional notation that surgery was . . . . . (photographic evidence obtained). A review of the medication label read as follows: Instill 1 drop in left , every 2 hours while awake-4 hours after surgery. Staff A was observed assisting Resident #2 with the medication.

Staff A was interviewed at 11:20 AM on . . . . concerning the difference between the MORs and medication label for Resident #2's Piedforte 1%. Staff A agreed that the direction were different on the medication label.

An interview was conducted with the Resident Care Director at 1:45 PM on . . . . concerning Resident #2's medication label and MORs for the medication Piedforte 1%. The Resident Care Director stated that Resident #2 was supposed to have surgery but did not. The Resident Care Director stated that Resident #2 should not have received the medication on . The Resident Care Director agreed that there should have been documentation included on the MORs to not provide the medication.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on observation, record review, and interview, the facility failed to provide proof that unlicensed personnel that provided assistance with self-administered medications received the required initial training.

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

Findings included:

A review of employee records conducted on . . . . . showed that Staff A was hired on . . . . . Staff A was observed assisting residents with self-administered medications beginning at 11:00 AM on . A review of Staff A's personnel record showed no proof of an initial 6 hour training in the subject of providing assistance with self-administered medications. Staff A's record only showed a 2 hour training that stated "including additional duties".

The Administrator was interviewed at 2:04 PM on . . . . concerning the lack of proof of initial training in the subject of providing assistance with self-administered medications. The Administrator reviewed Staff A's record and stated that they did not see the training certificate in the file.

Class III