STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910478	**05/29/2019**
NAME OF PROVIDER OR SUPPLIER **INN AT THE FOUNTAINS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1255 PASADENA AVENUE, S.** **SAINT PETERSBURG, FL 33707**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A re-licensure survey with Limited Nursing Services (LNS) was conducted at the Inn at the Fountains Assisted Living Facility on . . . . . The facility had a deficiency at the time of the survey.

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

Based on observation, record review and interview the facility failed to follow Physician orders for two Residents (#12 and #13) of three sampled residents.

Findings included:

A medication observation for Resident #12 and #13, conducted on at 10:15 AM, revealed that Resident #12 and #13 scheduled 8:00 AM medications were being given after 10:15 AM. Scheduled medication must be given with-in one hour before or after the scheduled time.

In an interview with Staff D, conducted on at 10:20 AM, it was stated that the med pass is started at 7:00 AM in the medication room. Then the residence that do not come downstairs for their medication, the medication is brought to their room. Staff D stated that a portion of the scheduled 8:00 AM medications are always late on the morning med pass.

During an interview with the Director of Nursing (DON) conducted on . . . . . at 10:30 AM, the DON confirmed that the 8:00 AM medication pass was being given after 10:15 AM.

Class III