STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968369	**06/06/2019**
NAME OF PROVIDER OR SUPPLIER **LEGACY AT ST JOHNS (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 HILLCREST AVE** **ST JOHNS, FL 32259**	

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

0000 - Initial Comments

A complaint investigation (2019004802) was conducted at Legacy at St. Johns on . . . and . . . . Deficiencies were identified at the time of the survey.

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

Based on record reviews and interviews the facility failed to maintain an accurate Medication Observation Record (MOR) one (1) of three (3) resident records.

The findings include:

A record review was conducted for Resident #3 which revealed the following orders:

On . . . . , 20 mg (milligrams) of . . (a . . . . .) was ordered, for one tablet by . . . daily. Doses were missed on and .

2.5 mg (milligrams) of , (a) was ordered to start , to be taken twice a day (9 am and 5 pm). There was an order obtained on . . . to hold the medication for two days (. . . and), and resume the medication on . There was no documentation the facility provided the medication on his Medication Observation Record (MOR) on . . at 5 pm and . . . at 5 pm.

Move Free . was ordered to be taken twice a day at 9 am and 5 pm. There was no evidence it was provided on and , as prescribed.

A further review of his medical record showed that he had two (2) MOR's for , prior to going out to a transfer out of the facility. On . . . . at 9:19 AM, during an interview with Employee A, a Registered Nurse, she stated that the MOR was written again because they could not find the original one. She stated that their record keeping was "not very good."

Photographic Evidence Obtained

Class III