STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911315	R **07/11/2019**
NAME OF PROVIDER OR SUPPLIER **CRESCENT WOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **1800 HARRISON STREET** **TITUSVILLE, FL 32780**	

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

0000 - Initial Comments

A revisit was conducted on at Crestwood Assisted Living, Titusville. Deficiencies were found at the time of the visit.

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

Based on record review and interview the facility failed to ensure the revised physician ordered medication was relabeled on the medication for 1 out of 4 sampled residents (#4).

Findings:

A review on of Resident#4's most recent Medication Ordered Records (MORs) , physician orders and the label on the medication container for , , 25-100 mg for 1 tablet to be taken 4x per day, it revealed the MORs and physician orders were accurate and matched. In further review of the medication label on the medication container dated revealed the directions were to take the medication 3x per day, not 4x per day as prescribed and did not have an alert sticker on the medication container

In an interview on at 2:30pm with the administrator, she confirmed the findings.

Class III