STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911315	R **08/22/2019**
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 second revisit to Complaint Investigation 2019004331 was conducted at Crescent Wood on , . An uncorrected deficiency was identified at the time of the survey.

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

DEFICIENCY REMAINED UNCORRECTED

Based on review of medication containers, record reviews, and interview, the facility failed to ensure a prescription medication for 1 of 2 sampled residents (#5) was properly labeled.

Findings:

On at 10:09 a.m. a review of resident #5's medication bottles revealed the prescribed directions for use of his 200 milligram (mg) tablets was to take one tablet by daily and his 40 mg tablets was to take one tablet by twice daily however, his Medication Observation Record (MOR) indicated that he was to take one-half tablet of the daily and one tablet of the only daily.

Neither bottle contained an "alert" label that directed staff to examine the revised directions for use on the MOR.

At 10:20 a.m. the administrator confirmed the findings.

Resident #5's record revealed a facility admission date of . His current 1823 health assessment form, dated , indicated that he required assistance with self-administration of medications. In addition, the prescribed directions for use for the and were the same as was listed on the MOR therefore, an alert label should have been applied to the bottles.

Photographic evidence obtained.

Class III