STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	R **05/29/2019**
NAME OF PROVIDER OR SUPPLIER **SWAN AT LAKE CONWAY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3714 ST MORITZ STREET** **ORLANDO, FL 32812**	

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

0000 - Initial Comments

A second revisit to a monitoring visit was conducted at Swan at Lake Conway on . . . . . .
Deficiencies were found at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interview, the facility failed to follow a health care provider's medication order for 1 of 3 sampled residents (#3).

Findings:

Resident #3's pre-printed medication observation record (MOR) for . , . . revealed an order for / 300-30mg, take one tablet by every 6 hours for , , written on . The prescription label matched the order on the MOR. There was a pre-printed time on the MOR for the first dose of the day to be given, but the hour was written over in pen and indicated dosage times of 8:00 AM, noon, 6 PM and 12:00. The MOR was signed as given every day in . , through . . . at the times indicated.

Based on the prescribed frequency, the medication was documented as not being given every 6 hours as ordered, but only a 4 hour interval between the first morning dose and the noon dose, and then an 8 hour interval between the midnight does and the 8AM dose. In addition, the 8AM dose was observed being provided at 8:30 AM on . . . . , which would only provide a 3.5 hour interval between doses with the next dose due at noon.

The administrator confirmed the finding on at 9:40 AM.

Photographic evidence obtained.

Class III