Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910564	A. BUILDING: _____ B. WING _____	R 03/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN LIVING FOR SENIORS	765 NE DELPHINIUM DRIVE MADISON, FL 32340

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments On , an unannounced revisit to a biennial survey was conducted at Southern Living for Seniors on , , . This survey was conducted in conjunction with a complaint investigation (complaint number 2022000917). Additional information gathering and record review continued offsite through , . Deficient practice was identified at the time of the survey.	{A 000}		
{A 054} SS=E	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.	{A 054}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{A 054}	Continued From page 1 (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on medication administration record (MAR) review and staff interviews, the facility failed to ensure that staff immediately updated the MAR each time a medication was administered for 7 of 10 residents reviewed. (Residents #2,3, 5, 6, 7, 8, 9) The findings include: A review of the , MAR revealed the staff signature was missing in the following areas: Resident #2 - missing signatures for 25 opportunities. Resident #3 - missing 24 opportunities Resident #5 - missing 7 opportunities Resident #6 - missing 12 opportunities Resident #7 - missing 21 opportunities Resident #8 - missing 4 opportunities Resident #9 - missing 3 opportunities On at approximately 10:58 AM, an interview was conducted with the facility's administrator. The surveyor pointed out the missing signatures on the MAR for Resident #s 2, 3, 5, 6, 7, 8 ,9. The administrator confirmed that signatures were missing and stated the medications should have been signed for as soon as the medications were offered or administered. Class III	{A 054}		