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
	AL11912046	A. BUILDING: _____ B. WING _____	06/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORAL PLAZA ALF	5850 MARGATE BLVD. MARGATE, FL 33063

(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
ZZ841	408.823( ) FS In-person Visitation (1) This section applies to , centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for the , , licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include control and education policies for visitors; screening, personal protective equipment, and other control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor. (b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and	ZZ841		

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ZZ841	Continued From page 1	ZZ841		

providers may not require an essential caregiver to provide such care.
(c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects:
1. End-of-life situations.
2. A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support.
3. The resident, client, or patient is making one or more major medical decisions.
4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently .
5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
6. A resident, client, or patient who used to talk and interact with others is seldom speaking.
7. For hospitals, childbirth, including labor and delivery.
8. patients.
(d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures.
(e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request.
(f) Within 24 hours after establishing the policies and procedures required under this section,

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ZZ841	Continued From page 2 providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on record review, website review, and interview, it was determined that the facility failed to ensure its In Person Visitation Policy and Procedures with all required components was readily available and accessible on the homepage of the facility's website as required. The findings included: On a review of the Facility's policy and procedures provided by the Administrator revealed no policy and procedure on in-person visitation requirements. Further review of the Facility's website as confirmed by the Administrator, https://www.rsrcares.com/senior-living/fl/margate/coral-plaza/ revealed that the In Person Visitation Policy and Procedures were not accessible from the homepage. There was no link, icon, or other publicly visible method on the homepage directing users to the required visitation policy. During an interview on at approximately 3:00 PM with the Administrator she confirmed the facility's website link is https://www.rsrcares.com/senior-living/fl/margate/coral-plaza/ During an interview on at approximately 4:15 PM with the Administrator she confirmed that the website address reviewed by the surveyor was correct and acknowledged that the facility's In Person Visitation policy and procedures was not posted on the homepage as	ZZ841		

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ZZ841	Continued From page 3 required. Class III	ZZ841		

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A 000	Initial Comments An unannouced Relicensure, Complaint (complaint number 2026003027, 2025017844, 2026009213, and 2026007871) & Generator Monitoring survey was conducted at Coral Plaza ALF on . Deficiencies related to the Relicensure were identified at the time of the survey.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is	A 010		

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A 010	Continued From page 1 agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must	A 010		

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A 010	Continued From page 2	A 010		

notify the appropriate contact person in the applicable department.

(3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility.

59A-36.006
(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:
(a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.
(b) A resident requiring care of a may be retained provided that:
1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,

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A 010	Continued From page 3 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A [redacted] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.	A 010		

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A 010	Continued From page 4 (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure the Health Assessment Form (AHCA Form 1823) was accurate and reflective of the residents' current care needs and diagnoses for 3 of 4 sampled residents (Residents #8 and #15). The findings included: 1)Resident #8 Observations on between 8:25 AM and 12:50 PM revealed Staff L (caregiver) spoon feeding Resident #8 a pureed breakfast and lunch meal. During an interview on at approximately 1:00 PM, Staff F (Medication Technician) stated the resident was total care and was receiving hospice and ( ) services. During an interview on at approximately 9:30 AM, Staff B (Director of Nursing) was asked to provide Resident #8's complete file. Record review of Resident #8's file revealed date of admission . Health Assessment Form (AHCA Form 1823) dated , signed by a Doctor of Medicine (DO), documented as follows: Medical diagnoses: , , Nursing service requirement: assist with Activities of Daily Living (ADLs), hospice status: ADLs: needs assistance (staff provides physical	A 010		

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A 010	Continued From page 5 assistance with the resident's participation) Review of the Health Assessment Form (AHCA Form 1823) dated identified the following concerns: a) ADLs were documented as assistance, instead of total care (staff completes the action for the resident). b) services were not documented under Nursing Service Requirements. . 2)Resident #15 Observations on between 11:45 AM and 12:50 PM revealed Resident #15 eating a mechanical soft meal. During an interview on at approximately 12:30 PM, Staff B (Director of Nursing) was asked to provide Resident #15's complete file. Record review of Resident #15's file revealed date of admission . Health Assessment Form (AHCA Form 1823) dated , signed by a Medical Doctor (MD), documented a special diet of low fat/low . Further review of an undated facility form titled Assessment documented the resident's diet as mechanical soft. During an interview on at approximately 3:35 PM, Staff C (facility nurse) confirmed that Resident #15's Health Assessment Form did not reflect his current diet. 3) Resident #16 Review of the record for Resident #16 revealed:	A 010		

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A 010	Continued From page 6 A Health Assessment (ACHA form 1823) dated signed by a Medical Doctor (MD) which ordered Diet: Regular - Puree for Resident. An undated form titled Assessment which listed Diet as Regular/Puree for Resident. On in an interview with Staff N (Chef & Food Designee) in the dining room, Resident #16 was identified as being on a mechanical soft special diet. This Surveyor observed Resident #16 eating the meal identified by Staff N as a mechanical soft preparation. A review of the special diets list posted in kitchen revealed that Resident #16 was not included. In an interview on at approximately 1:10pm, Staff N (Chef & Food Designee) reported that special diet information (changes or admissions) was communicated by nursing in the facility's daily morning meeting. Staff N reported the most updated list is the one posted in the kitchen and estimated it was updated last month, In an interview on at approximately 4:30pm, Staff B (Director of Nursing) confirmed nursing maintained a list of special diets which she shared with Staff N (Chef & Food Designee.) Staff B reviewed list being utilized by Staff N and confirmed it was the most updated list. This Surveyor inquired about Resident #16, and Staff B stated Resident #16 should be on a puree diet but acknowledged that Resident #16 is not included on the diet list. This Surveyor advised Staff B that Resident #16 was provided a mechanical soft meal this day for lunch. Staff B confirmed there had not been an order created to switch Resident #16's diet. No additional	A 010		

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A 010	Continued From page 7 information was provided by the facility. Class III	A 010		
A 031	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented	A 031		

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A 031	Continued From page 8 communications about the resident's condition and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on interview, record review, and observation, it was determined that the facility	A 031		

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A 031	Continued From page 9 failed to maintain documented communication from third party services that were ordered by the physician for treatment and/or services for 1 of 2 sampled residents (Resident #8). The findings included: During an interview on at approximately 9:30 AM, Staff B (Director of Nursing) was asked if the Memory Care Unit had any residents receiving third party services (e.g., hospice, , , , , , ,). She confirmed that Resident #8 was receiving third party services. Staff B was then asked to provide the complete file for Resident #8. Record review of Resident #8's file revealed a date of admission of and a Health Assessment Form (AHCA Form 1823) dated , signed by a Doctor of , Medicine (DO). Further review revealed nursing service requirement as hospice. Additionally, the review showed that Resident #8 was receiving , , , ( ) and , , ( ), and there was no documentation of the most recent hospice plan of care (the last plan of care on file was dated). During an interview on at approximately 10:45 AM, Staff B was asked to provide documented communication from third party services (hospice, , and) for Resident #8. During an interview on at approximately 2:00 PM, a second request was made for documented communication, including the most recent hospice plan of care and / documentation. At that time, Staff B stated the facility did not have any documented	A 031		

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A 031	Continued From page 10 communication and that she needed to call the third party providers to obtain the most recent information. During an interview on at approximately 6:00 PM, the Surveyor met with the Administrator and Staff B. It was confirmed that the facility failed to maintain the written documentation required for coordination with third party providers regarding the resident's condition and the services being provided. Class III	A 031		
A 036	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or hygiene may include the use of -based rubs, handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an exposure to transmissible agents in , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive	A 036		

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	AL11912046	A. BUILDING: _____ B. WING _____	06/08/2026

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CORAL PLAZA ALF	5850 MARGATE BLVD. MARGATE, FL 33063

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A 036	Continued From page 11 devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on record review, observations, and interviews, it was determined that the facility failed to ensure staff implemented control procedures when assisting with food handling during residents' meals. The findings included: A review of the facility's policy titled Dining Standards, effective , , revealed the following: 3. Food safety and sanitation All food handling must comply with Florida Department of Health and ALF Regulations Staff must follow proper procedures for: . hygiene (wear gloves when appropriate) 5. Staffing & Training Each community must have adequate dietary staffing to safely serve meals. All dining staff must receive training in: Food safety 9. Control & Precautions Coordination with leadership is required to ensure resident safety. Observations conducted during lunch service in the Memory Care Unit (MCU) on between 11:50 AM and 12:50 PM revealed that Staff I (Caregiver) removed plates containing food that were ready to be served from the utility cart	A 036		

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A 036	Continued From page 12 and placed them on the preparation kitchen counter. Further observation revealed that Staff I used her bare to rearrange food on the plates. Staff I was observed touching a hamburger and its contents with her bare and rearranging french fries that were already plated. During an interview on at 12:12 PM, Staff I was asked why she was touching the food with her bare and whether she was required to wear gloves when handling and serving food. Staff I, was also asked about the facility's policies and procedures regarding food hygiene. Staff I stated that she was going to look for gloves. After approximately two minutes of searching, Staff I stated that she would check the medication cart to borrow gloves. During an interview on at 12:17 PM, Staff F (Medication Technician) stated that residents' meals are transported daily from the main kitchen to the Memory Care Unit (MCU) on a utility cart. Staff F stated that the meals are plated and ready to be served prior to transport. During an interview on at approximately 12:22 PM, Staff I acknowledged that she used her bare to touch residents' meals. During an interview on at approximately 6:00 PM, the surveyor met with the Administrator and informed her of the findings. Class III	A 036		

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A 040	Continued From page 13	A 040		
A 040	429.55(2) F.S. Resident Education- (V (2) VTE CONSUMER INFORMATION.- (a) The Legislature finds that many (PEs) are preventable and that information about the prevalence of the could save lives. (b) The term ", " means a condition in which part of the clot breaks off and travels to the , possibly causing . (c) The term " " means , which is a clot located in a deep , usually in the or arm. The term can be used to refer to , , or both. (d) Assisted living facilities must provide a consumer information pamphlet to residents upon admission. The pamphlet must contain information about , including risk factors and how residents can recognize the signs and symptoms of . This Statute or Rule is not met as evidenced by: Based on record review and interview it was determined the facility failed to provide information on to admitting residents as required to educate them on the risk factors, signs, and symptoms of the health condition. The findings included: A record review of the full admission packet for the facility revealed no information about was included. In an interview on at approximately 5:30pm Staff O (Admission & Sales) confirmed	A 040		

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A 040	Continued From page 14 she is responsible for creating the Admission Packet. She was unfamiliar with the term and stated she had not updated the packet to include any information on the topic. No additional information was provided by the facility. Class	A 040		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4	A 056		

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A 056	Continued From page 15 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample	A 056		

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A 056	Continued From page 16 or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, it was determined the facility failed to ensure unlicensed staff (Staff F & Staff M) reviewed the Medication Observation Record (MOR), compared it to the medication label at the time of medication pass and ensured medications were available and administered as prescribed by the medical provider for 3 of 6 sampled residents (Residents #5, #6, and #10). The findings included: A Medication Observation Record (MOR) must include the name of the resident, the name of each medication prescribed, the strength and direction of use. A. Observations conducted on at approximately 8:05 AM during medication pass revealed that Staff F (Medication Technician)	A 056		

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A 056	Continued From page 17 assisted Residents #5 and #6 with self-administration of medications as follows: Resident #5 50 mg, take one tablet by once daily for , . Hold for ( ) less than 110, Diastolic (DBP) less than 60, and Rate (, . During an interview on at approximately 8:15 AM, Staff F was asked why she did not follow the medication parameters (directions for use) prior to administering Resident #5's medication. Staff F stated she was not aware that the MOR and medication label contained directions for use. At that time, Staff F was asked to provide documentation of the resident's , and rate readings for , and . Resident #6 , 20 mg, take one capsule by once daily before meals. During an interview on at approximately 8:25 AM, Staff F was asked why she did not determine whether the resident had eaten breakfast prior to administering the medication. Staff F stated she was not aware that the MOR and medication label contained directions for use. B. Resident #10 10MG, take 1 tablet by once daily. During observation of medication pass on at approximately 8:25am, Staff M (Medication Technician) was unable to locate for Resident #10. During an interview at the time of medication	A 056		

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A 056	Continued From page 18 pass, Staff M stated that sometimes medications dispensed from bottles instead of packs are placed in an overflow cart or the nursing station. Staff M checked both but was unable to locate the medication. ˬ was not administered to Resident #10 as scheduled during morning medication pass. Staff M was observed telling Resident #10 the ˬ would be given to him when it was located. During an interview with Staff B (Director of Nursing) on at approximately 4:40pm, Surveyor inquired if ˬ had been located. Staff B reported it was found in by Staff M in the medication cart at approximately 11:00am and passed to Resident #10. Review of the Medication Observation Record (MOR) for Resident #10 revealed the ˬ was ordered for 9:00am. In an interview with Staff A and Staff B on at approximately 6:25pm, the issues identified with medication pass were discussed. In one case, Resident #10, medication was not available at the time of medication pass. In the case of Resident #5 and #6 specific directions for use were not followed. In all 3 cases, medications were not administered as prescribed. No additional information was provided by the facility. Class III	A 056		