STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968004	11/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Allegro At Willoughby, Llc (the)	3400 Se Aster Ln Stuart, FL 34994	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A unannounced compliant inspection survey (CCR#s 2013010537 and 2013011061) was conducted on . . . . . Allegation was confirmed without deficiency for complaint inspection 2013010537 and allegations were not confirmed for complaint inspection 2013011061 on . . The Allegro at Willoughby Assisted Living Facility was in compliance with the requirements related to the allegations reviewed but it was not in compliance due to an additional finding at A54.

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to properly maintain 2 out of 2 residents' (Resident#1 and #5) medication observation records.

The findings are:

a) In an interview with the Administrator on . . . . . at 9:45am, she stated that Resident#1 used to receive . . . . . treatments by the facility nurse from . . 2012 to . . . . 2012 but the facility did not have any record to indicate this medication administration.

In an interview with Resident#1's physician extender on . . . . . at 11:20am, she stated that she proceeded to discontinue the resident's . . . . . treatments sometime in . . . . . 2012.

Review of Resident#1 ' s health assessment dated on indicated that she was diagnosed with . . and . . , she was independent with ambulation and transferring, she needed supervision with eating and toileting, and she needed assistance with self-administration of medications. Further review of this health assessment indicated that the resident was not receiving any nebulizing medications.

Review of Resident#1's record did not indicate there were any physician orders in place to discontinue the resident ' s . . treatments. Review of the resident's hospital discharge physician orders dated on . and . . indicated that the resident needed to continue taking . . . . 2.5mg/3ml in a . . . solution as needed. Review of the resident ' s medication observation records from .

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to [redacted] did not indicate that the resident was taking any [redacted] by nebulization.

b) Review of Resident#5 ' s record indicated that he was prescribed on [redacted] 25mg, ½ tablet (12.5mg) every morning and 1 tablet at bedtime. Review of the resident ' s [redacted] 2013 medication observation record indicated that the resident received his prescribed [redacted] from [redacted] to [redacted]

In an interview with Assistant Resident Service Director on [redacted] at 9:05am, she stated that Resident#5 ' s son decided to take him out of the facility on [redacted], immediately after his girlfriend ' s passing on [redacted] and he stated that the resident had another set of medications at his home. Review of the resident ' s [redacted] and [redacted] 2013 medication observation record indicated that he did not receive any medications from [redacted] to [redacted] because the resident was out of the facility and no documentation of medications given to the resident were made from [redacted] to present. Review of the medication release form dated on [redacted] indicated that the resident ' s daughter signed out the resident ' s medications from the facility.

In an interview with the Administrator on [redacted] at 5:15pm, she stated that Resident#5 was discharged from the facility to his son ' s private home on [redacted] and it is not known how the resident received his medications from [redacted] to [redacted]

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Allegro At Willoughby, Llc (The)
3400 SE Aster Lane
Stuart, FL 34994

Re: CCR #2013010537 and #2013011061

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2013 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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