

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967783	(X3) DATE SURVEY COMPLETED 07/19/2017
NAME OF PROVIDER OR SUPPLIER SANCTUARY OF PEACE ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7611 NORTH BOULEVARD STREET TAMPA, FL 33604	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey, (CCR# 2017005429) was conducted at Sanctuary of Peace, Assisted Living Facility, on . Sanctuary of Peace, Assisted Living Facility, had deficient practice identified at the time of the visit.

(License # 11764)

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based upon interview and record review, staff did not follow physicians orders for medications for 2 (#1 and #2) of 3 residents observed for medications.

Findings included:

A review of resident #1 (MORS)- medication observation records for ., 2017 revealed the following medications were ordered by resident #1's physician, however not documented as provided on resident#1's MOR for . : . /SOL . USAR 1 vial via Nebulizador CADA 8 Horas was to be given daily at 8:00 A.M. There was no signature on the MOR indicating it was given.

On 10:13 A.M. during an interview with the facility administrator, the administrator reviewed resident#1's MOR and confirmed the findings. When questioned why medications were not provided to resident#1 as per physicians orders, the administrator stated staff A did not give resident#1 his . /SOL . USAR 1 vial via Nebulizador, because he was not having . No other explanation was provided at this time.

Other medications reviewed for resident#1 revealed the following: . Tablet 45 mg Tamarr 1 Tablet por LA Boca Al, was not provided as per physician orders. Resident #1's MOR did not show indications as to whether medications was given as ordered at bedtime on . A interview with the administrator on . at 10:33 A.M. could not confirm if medications; . Tab , 45 mg Tamarr 1 Tablet por LA Boca Al were provided to resident #1 as per physician's orders, no explanation was provided and there was no signature on the MOR.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/02/2017
FORM APPROVED

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A record review of resident #2 medication observation records for _____, 2017 indicated _____. Tab 25 mg was to be taken three tablets by mouth once a day at 8:00 A.M. There was no indication that medication was provided at ordered time 8:00 A.M. on _____. Instead, medication observation record was noted left blank, verified finding with administrator via interview on _____ at 10:15 AM, no examination given. Class III		