STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968585	**07/02/2018**
NAME OF PROVIDER OR SUPPLIER **HILLS CREEK INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **308 SOUTH 30TH STREET** **FORT PIERCE, FL 34947**	

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

0000 - Initial Comments

An unannounced Change of Ownership (CHOW) survey with Limited Mental Health (LMH) was conducted on at Hills Creek, Inc., License #12524. The facility had a deficiency identified at the time of the survey.

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

Based on observation and interview, Staff A failed to ensure all dosages of medications were either initialed as being provided or documented on the back of the Medication Observation Record as to why the medication was not provided or taken by the resident for 2 of 7 sampled residents (Residents #1 and #7).

The findings included:

1) During review of the 2018 MOR for Resident #1, the following medications were not initialed on these dates and times:
a) 3 mg at 8 PM on
b) Rosuvastatin 10 mg at 8 PM on

2) During review of the 2018 MOR for Resident #7, the following medications were not initialed on these dates and times:
a) 20 mg at 8 PM on , , and

On at 2:30 PM, the Administrator stated he did not know why the MOR was not initialed on these dates and times especially when all the evening medications are packaged together, and the other 8 PM medications were initialed. The Administrator acknowledged that Staff should document the reason for all blank spaced on the MOR, and if medication is given, the staff must initial immediately after providing the medication to the resident.

Class III