STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969022	R **11/19/2018**
NAME OF PROVIDER OR SUPPLIER **ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2250 S SEMORAN BLVD** **ORLANDO, FL 32822**	

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

0000 - Initial Comments

A third revisit to Complaint Investigation #2018001731 was conducted on , , . Assisted Living Facility, license #12850, had a deficiency at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on observations, record review, and interview, the facility failed to ensure the unlicensed staff (N) who assisted a resident (#16) with self-administered medications followed the correct procedure.

Findings:

Observations made during a medication pass for resident #16 on at 11:58 a.m. revealed the resident stood near the medication cart in the hallway. Unlicensed caregiver N washed her , unlocked the cart, removed a bubble medication package then she locked the cart. She told the resident what the name of the medication was then she popped the pill out into a cup. The resident took the medication with water and without assistance. Caregiver N observed the resident take the medication then she signed the Medication Observation Record (MOR.)

Caregiver N did not, in the presence of the resident, read the medication label aloud, as required.

On at 12:03 p.m. caregiver N confirmed the findings and said she thought she only had to tell the resident what the name of the medication was.

Resident #16's record revealed a facility admission date of . Her admission 1823 health assessment form, dated , indicated that she required assistance with self-administered medications.

Class III