STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922280	**12/18/2018**
NAME OF PROVIDER OR SUPPLIER **COTTAGES OF PORT RICHEY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5905 PINEHILL ROAD** **PORT RICHEY, FL 34668**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint survey (CCR#2018016595) was conducted in conjunction with a revisit to a complaint survey and a second Revisit to a 7/30/18 Complaint and Extended Congregate Care survey at The Cottages of Port Richey Assisted Living Facility on 12/18/2018. The Cottages of Port Richey Assisted Living Facility had deficient practice identified at the time of the survey.

License: 5993

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation, interview and record review the facility failed follow requirements to assist with self-administration of medications for four of four Residents (#4, #5, #6 and #7) of four sampled residents who required assistance with self-administration and failed to inform the resident's health care provider of a resident's non-compliance with medication for three Residents (#1, #2 and #3) of three sampled residents.

Findings Included:

During a medication pass observation, conducted on during survey from 11:52-12:10 PM and again from 1:20-1:30 PM, unlicensed staff (A and B) were observed failing to read the medication label in the presence of residents #4, #5, # 6 and #7.

In a interview with the Director of Nursing conducted on at 5:50 PM they acknowledge the unlicensed staff should read the medication label aloud in the presence and remove the medication from the container in front of the resident.

During a comparison of medication observation records and logs conducted on for residents #1, #2 and #3 it was revealed that residents were refusing scheduled medications and it had not been documented in their charts as refused and the health care providers had not been notified.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922280	**12/18/2018**
NAME OF PROVIDER OR SUPPLIER **COTTAGES OF PORT RICHEY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5905 PINEHILL ROAD** **PORT RICHEY, FL 34668**	

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

In an interview with the Director of Nursing conducted on at 5:50 PM it was confirmed that residents had been refusing their medications and that the unlicensed staff were not documenting the refusals in the residents's charts and that the physicians had not been notified.

A record review conducted on of the facility's Policy and Procedures for Missed or Refused Medications Operational Guidelines for Assist Living F-184 states:
1. Missed/refused medications are documented in the resident's medication record and the prescribing physician notified immediately or according to physician parameters. Physician parameters must be retained in writing and kept on file.
2. The Resident Care Director or designee re-appraises the resident and contacts the physician, responsible party, or family, if the resident is continually refusing a mediation(s). If unable to resolve continues refusal, the resident's relocation from the facility may be necessary.

Class III