

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11968311</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/22/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WINDSOR REFLECTIONS AT LAKEWOOD RANCH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8230 NATURES WAY BRADENTON, FL 34202</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments  A complaint investigation (#2023000809) in conjunction with a generator monitoring survey was conducted at Windsor Reflection at Lakewood Ranch on ..... Deficiencies were identified at the time of survey.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records  (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known _____ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical _____, the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	A 054		

AHCA Form 3020-0001  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 054	<p>Continued From page 1</p> <p>medication.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to immediately updated the daily observation record for residents receiving assistance with self-administration for two (Resident #1 and Resident #2) of the two sampled residents.</p> <p>Findings included:</p> <p>A record review conducted on _____ of Resident #1's health assessment dated for _____ revealed that resident required assistance with self-administration of medication.</p> <p>A record review conducted on _____ of Resident #1's medication observation record (MOR) revealed multiple medications not documented as given including:</p> <ul style="list-style-type: none"> <li>- _____ TAB 250 MG due at 8:00PM was not documented as given on _____</li> <li>- Protein Supplement Liquid due at 5:00PM was not documented as given on _____</li> <li>- _____ TAB 100MG due at 8:00PM was not documented as given on _____</li> <li>- _____ TAB 25MG due at 2:00PM was not documented as given on _____ or _____</li> <li>- _____ 100MG TABS due at 8:00PM was not documented as given on _____</li> </ul> <p>A record review conducted on _____ of Resident #2's health assessment dated for _____ revealed that resident required assistance with self-administration of medication.</p> <p>A record review conducted on _____ of</p>	A 054		
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A 054	<p>Continued From page 2</p> <p>Resident #2's MOR revealed one medication not documented as given:                      - ..... TAB 25MG due at 2:00PM was not documented as given on .....</p> <p>During an interview with the Administrator conducted on ..... at 12:06PM, the Administrator confirmed that a blank in a residents MOR meant that it was not documented as given.</p> <p>Class III</p>	A 054		