

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ALC000117	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/07/2022
NAME OF PROVIDER OR SUPPLIER BUCKINGHAM SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 5450 ABERCORN STREET SAVANNAH, GA 31405	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
	<p>A review of the file for Resident #1, admitted 8/25/17 showed diagnoses of history of cerbravascular accident, hypertension, hyperlipidemia, history of compression fractures. The last incident report for Resident #1 was 8/6/2021 for an unwitnessed fall.</p> <p>A review of the 6/22 Medication Administration Record for Resident #1 showed the cells for 6/10/22 8:00 p.m. medications were not initialed as given by staff. The medications were as follows:</p> <p>Doxycyc Mono 100 mg 8:00 p.m. (antibiotic) Glucos/chond 500-400 mg 8:00 p.m. (joint supplement) Hydroco/Apap 10-325mg 8:00 p.m. (pain management) Symbicort AER 160-4.5 8:00 p.m. (bronchodilator) Tamsulosin .4 mg 8:00 p.m. (enlarged prostate)</p> <p>During an interview on 7/5/22, Staff F stated he/she administered 6/10/22 8:00 p.m. medications to Resident #1. Staff F stated he/she remembered giving Resident #1 all medications but must have forgotten to initial the MAR. Staff F stated Resident #1 was alert and oriented and knew what medications were to be taken at a specific time. Staff F stated Resident #1 would have been calling him/her if medications had been missed.</p> <p>During an interview on 7/5/22, Staff B stated he/she had not noticed the 6/10/22 8:00 p.m. medications had not been initialed as given.</p>		