Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969400	A. BUILDING: _____ B. WING _____	02/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVING LLC	496 SE VERADA AVE PORT SAINT LUCIE, FL 34983

(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 An unnanounced licensure complaint survey (#2019018101 & #2019019052) was conducted on at , Living LLC, License #13207. The facility had a deficiency at the time of the 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		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review and interviews, it was determined that the facility failed to ensure medication was provided as ordered and the Medication Observation Record (MOR) was accurate 1 out of 3 sampled residents (Residents #1) who required assistance with the self-administration of medication. The findings included: During review of the and MOR's, the following omissions and errors were identified: 1) Resident #1 a.Alendronath ( ) 70 mg, to be given once a week beginning on was documented as given the first dose as documented on the MOR on . b. The subsequent doses were documented as given on , , , and . c. During interview with Staff A and the Administrator on at 2:55 PM, they stated they believed the resident had received this medication as ordered, once a week from through the resident's date of discharge on or about . d. During interview with a pharmacy representative at 2:48 PM on , she confirmed that there was only one month's supply (4 pills total) filled for this medication on . e. During interview with Resident #1's representative on at 9:37 AM, she stated that there were only 4 pills provided to the facility, and that when she picked the resident up	A 054		

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A 054	Continued From page 2 on . . . . , she was given the same package of 4 pills that she had provided with 3 pills still remaining (photographic evidence obtained). The facility provided no additional documentation for review at this time. Class III	A 054		