STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911412	07/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Livewell At Courtyard Plaza	15520 Nw 2 Avenue North Miami Beach, FL 33160	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0029 - 58a-5.0182(5) Fac - Resident Care - Nursing Services S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments
A unannounced Change of Ownership survey was conducted on 1-2, 2013. The Livewell at Courtyard Plaza Assisted Living Facility was not found to be in compliance during this visit.

0029-Resident Care - Nursing Services 58A-5.0182(5) FAC
Based on observation, interview and record review Assisted Living Facility failed to ensure that nursing services are conducted and supervised for 1 out 17 sampled residents (#7).

Findings include:

Observation on at 2:21 p.m. revealed that resident #7 has a with 100 milliliters of greenish-yellow cloudy , theresident was wearing blue incontinence brief for bowel incontinence. (is utilized to allow to drain from the a bag outside the body).

Interview with Certified Nursing Assistant (CNA) D/ Director of Resident Care on at 11 a.m. revealed that she was unaware that resident #7 had a care, Licensed Practical Nurse (LPN) B performed skin assessment up on admission on .

Interview with LPN B on at 11:03 a.m. revelead that she was unaware that resident #7 had a care and confirmed that she made skin assessment up on admission to facility was on at 8:30 p.m. and wrote on the progress notes W/D/I that means warm/ dry/ intact. North Broward Medical Hospital called her and reported to her that resident #7 skin was warm, dry and intact. LPN B made skin assessment on , but resident #7 was tired and she did not check his lower back, and she was not informed about care.

Interview with LPN B on at 2:21 p.m. revealed that she was unaware of changing in resident #7's , facility did not record output quantity or quality because medical doctor did not require it, certified nursing assistants were emptying bag and they have not reported any changes in the appearance of resident #7 .

Record review revealed that in facility 's record there was a doctor order for home health to follow daily assistance care/ education dated . Home health agency record had verbal clarification dated that stated patient with (as per physician order) does not touch . Patient will follow up by urologist.) Prescription for urologist consult on possible : severe structure of exchange. Record review revealed that skin

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assessment done by LPN B on indicated W/D/I (wet/ dry/ intact).

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview the assisted living facility failed to limit the use of physical to half-bed rails and failed to obtain the written order and the consent of the resident or the resident's representative prior to the use of half-bed rails.

Findings Include:

Observations with the Director of Resident Care on at approximately 2:10 PM found resident #2 in bed with two half-bed rails in an upright position. Observations found there were two chairs pushed up against the bottom portion of the bed located on each side. Observations found the back of each chair was facing the bed. Observations found the chairs were used as an additional . Observations found an additional staff member in the entrance. Observations found the Director of Resident Care removed the two chairs from the bedside of resident #2.

In an interview with the director of resident care on at approximately 2:10 PM, she stated did was unsure why the chairs were placed there. She stated his daughter was there an hour ago and could have placed the chairs there. She stated resident #2 usually takes a nap around this time.

Record review of resident #2's record on revealed he was admitted to the facility on . Record review lacked any documentation of a physician order for the use of half-bed rails. Record review also lacked any documentation of a resident consent for the use of half-bed rails.

Record review of resident #2's record on revealed documentation of a physician order for the use of bed rails and resident consent signed by the resident's representative for half-bed rails dated .

In an interview with the administrator, owner, and Director of Resident Care on at approximately 5:05 PM, they acknowledged the findings and stated that the family must have placed the chairs next to the bedside of resident #2.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview Assisted Living Facility's certified nursing assistant failed to follow appropriate procedure when assisted with self-administration medication for 1 out of 17 sampled residents (#10).

Findings include:

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1. Observation on at 11:41 a.m. certified nursing assistant (CNA) C failed to read a prescription label of medicine for resident #10, 100 mg cap take 2 capsules scheduled for 1 p.m., also medicine was assisted out of window period .

2. Record review on at 11:45 a.m. revealed that CNA C documented on medication observation record (MOR) that CNA C assisted with 100 mg and Voltaren 1% gel. There was not documentation that Voltaren 1% gel was documented on MOR by mistake or any reason for omission.

3. Interview with CNA C on at 2:10 p.m. revealed that MOR for resident #10 for Voltaren 1% gel was documented as observed by mistake, she was nervous and forgot to complete any documentation regarding the mistake.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, record review and interview the assisted living facility failed to limit the use of physical to half-bed rails and failed to obtain the written order and the consent of the resident or the resident's representative prior to the use of half-bed rails.

Findings Include:

Observations with the Director of Resident Care on - at approximately 2:10 PM found resident #2 in bed with two half-bed rails in an upright position. Observations found there were two chairs pushed up against the bottom portion of the bed located on each side. Observations found the back of each chair was facing the bed. Observations found the chairs were used as an additional . Observations found an additional staff member in the entrance. Observations found the Director of Resident Care removed the two chairs from the bedside of resident #2.

In an interview with the director of resident care on - at approximately 2:10 PM, she stated did was unsure why the chairs were placed there. She stated his daughter was there an hour ago and could have placed the chairs there. She stated resident #2 usually takes a nap around this time.

Record review of resident #2's record on - revealed he was admitted to the facility on . Record review lacked any documentation of a physician order for the use of half-bed rails. Record review also lacked any documentation of a resident consent for the use of half-bed rails.

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In an interview with the administrator, owner, and Director of Resident Care on at approximately 5:05 PM, they acknowledged the findings and stated that the family must have placed the chairs next to the bedside of resident #2.

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Z827-Unlicensed Activity 408.812, FS
Based on record review and interview the assisted living facility failed to obtain a Limited Mental Health (LMH) component to their license prior to admitting more than two Limited Mental Health clients. The facility admitted 5 out of 24 sampled residents who were determined to be Limited Mental Health clients. **(Resident #18, Resident #19, Resident #20, Resident #21, Resident #22)**

Findings Include:

1) Record review of a list compiled by the facility {upon request} revealed four residents currently receive . Record review revealed resident #15, resident #18, resident #23, and resident #24 were on the list which represented they receive . List obtained for documentation.

In an interview with the owner on at approximately 11:00 AM, he stated that the residents that receive receive it because the waiver made them get it. He stated the waiver wants the residents to receive as much government funding as possible so they had to apply for the residents. He stated he cannot find the 1006 application forms.

2) Record review of resident #18's file revealed he was admitted to the facility on . Record review revealed resident #18's health assessment, dated , revealed a diagnosis of " ", " ", and ".".

In email correspondence with the administrator on at approximately 3:38 PM, she confirmed that resident #18 receives Social Security Supplemental Security Income {SSI}.

3) In an interview with the owner on at approximately 1:25 PM, he stated that only the four residents have right now.

4) In email correspondence with a Department of Children and Families {DCF} representative from on at approximately 2:10 PM, she revealed that at least 9 residents that currently live at the facility are receiving . Resident #19, resident #20, resident #21, and resident #22 were listed.

In a phone interview with the administrator on at approximately 8:40 AM, the administrator confirmed that resident #19, resident #20, resident #21, and resident #22 were all current residents.

5) Record review of resident #19's health assessment, dated , revealed a diagnosis of " " and " ". In fax correspondence with the administrator she recorded that resident #19 was admitted to the facility on .

In email correspondence with the administrator on at approximately 2:42 PM, she confirmed that resident #19 receives SSI.

In email correspondence with a Department of Children and Families {DCF} representative from on at approximately 10:25 AM, she confirmed that resident #19 receives SSI.

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6) Record review of resident #20's health assessment, dated , revealed a diagnosis of " " { Type}. In fax correspondence with the administrator she recorded that resident #20 was admitted to the facility on .

In email correspondence with a Department of Children and Families {DCF} representative from on at approximately 10:25 AM, she confirmed that resident #20 receives SSI.

7) Record review of resident #21's health assessment, dated , revealed a diagnosis of " ". In fax correspondence with the administrator she recorded that resident #21 was admitted to the facility on .

In email correspondence with a Department of Children and Families {DCF} representative from on at approximately 10:25 AM, she confirmed that resident #21 receives SSI.

8) Record review of resident #22's health assessment, dated , revealed a diagnosis of ", " and " ". In fax correspondence with the administrator she recorded that resident #21 was admitted to the facility on .

In email correspondence with the administrator on at approximately 2:42 PM, she confirmed that resident #22 receives SSI.

In email correspondence with a Department of Children and Families {DCF} representative from on at approximately 10:25 AM, she confirmed that resident #22 receives SSI.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Livewell At Courtyard Plaza
15520 Nw 2 Avenue
North Miami Beach, FL 33160

Dear Administrator:

This letter reports the findings of a state Change of Ownership (CHOW) survey that was conducted on 3, 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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