STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910386	09/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
City Walk Active Living	534 Datura Street West Palm Beach, FL 33401	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility (ALF) Spot Check/monitoring visit was conducted on . . . . . The City Walk Active Living ALF, had deficiencies found at time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interview, the facility failed to properly document 1 out of 1 resident's (Resident #1) medication observation record (MOR) to indicate receipt of his medication on .

The findings are:

In an interview with the Department of Health (DOH) pharmacist on . . . at approximately 11:00 AM, he stated that upon his inspection of the facility's MORs, it indicated that Resident #1 did not receive his prescribed morning dose of 30mg . . . . . on . . and further review of the resident's medication packaging . . #C-200574) indicated that a 30mg . . . . . dose was removed on . . . . . The pharmacist stated at this time that upon interview with a staff member, it was confirmed that Resident #1 received his prescribed morning dose of 30mg . . . . . on . . and it was not immediately documented in the MOR.

Review of the DOH inspection report dated on . . . indicated that a dose of 30mg . . . . . was removed and not documented on Resident #1's MOR on . . . . . .

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on record review and interview, the facility failed to maintain Resident #1's medication properly closed.

The findings are:

In an interview with the Department of Health (DOH) pharmacist on . . . at approximately 11:00 AM, he stated that upon his inspection of the facility's medications storage, he found that Resident #1's . . . . . box that was opened and not secured in the medication cart located in a common area accessible to any person in the facility.

Review of the DOH inspection report dated on . . . . . indicated that the . . box was found to be opened and not secure.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
City Walk Active Living
534 Datura Street
West Palm Beach, FL 33401

Dear Administrator:

Re: Spot Check/ Monitoring Visit

This letter reports the findings of a Spot Check/ Monitoring Visit survey that was conducted on 2013 by a representative from 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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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