STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912046	06/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Livewell At Coral Plaza	5850 Margate Blvd. Margate, FL 33063	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
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 - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on and at Livewell at Coral Plaza. The facility had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interview and observation, the facility failed to meet the State requirement to have the required telephone numbers posted in a common area visible to all residents.

The findings include:

During a tour of the facility on at 9:00 AM, no poster of the Florida Hotline was visible anywhere in the facility. A tour of the Memory Care Unit on at 10:00 AM revealed there were no Ombudsman Program posters, no posting listing the Agency for Healthcare Administration (AHCA) and the Florida Hotline number .

During an interview with the Marketing Director on at 10:05 AM, she indicated that they may have been taken down while the facility was being painted. During a follow-up interview with the Maintenance Director on at 1:28 PM, he reported that the building was painted last year but he did not have the exact date currently available.

During interviews conducted with multiple residents on and between the hours of 9 AM and 3 PM, it was revealed that the Ombudsman number is posted but they have never seen the AHCA or the Florida Hotline number posted any where in the facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912046	06/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Livewell At Coral Plaza	5850 Margate Blvd. Margate, FL 33063	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation,record review and interview, the facility failed to provide assistance with self-administration of medication per the guidelines as noted in 429.256, F.S. As evidence of the facility failure to ensure staff read the medication label in the presence of the resident, for 2 out of 5 (Residents #15 and #16) residents observed during the medication pass.

The findings Include:

On at 12:20 PM, an observation was made of Employee A assisting Residents # 15 and #16 with their medications. For each resident, the employee removed the medication packet from the medication cart and went to where the resident was seated, tore open the packet , placed the medication in a cup and handed the resident the cup. Employee A failed to identify the medication given to the 2 residents (Resident #15 and #16) whose medication assistance was observed.

A review of Resident's #15 's, record revealed her AHCA form 1823 dated documents that she needs assistance with self administration of medications. A review of Resident's #16 's, record revealed her AHCA form 1823 dated documents that she needs assistance with self administration of medications.

In an interview conducted on at 12:20 PM with Resident #8, she stated that the staff assisting with self administration of medications do not always tell her what medications they are giving her. In an interview conducted on at 10:20 AM with Resident #9, she stated that the staff assisting with self administration of medications do not always tell her what medications they are giving her.

In an interview conducted on at 12:30 PM with Staff A, she confirmed that she did not read the medication labels to the residents on or tell them what medications they were taking.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912046	06/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Livewell At Coral Plaza	5850 Margate Blvd. Margate, FL 33063	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on record review and interview, the facility failed to ensure that a staff member who has completed courses in First Aid or and holds a currently valid card documenting completion of such courses was present in the facility at all times. In addition that the staffing schedule accurately reflects it's 24 hour staffing pattern for a given time period.

The findings include:

a) A review of the nursing staffing schedule for the week of - revealed that Staff C,H,and I were listed on the schedule for 6-2 PM for and were actually the staff for the 11:00 PM-7:00 AM shift on and

A review of the time sheets for staff C,H and I revealed that Staff C worked 11:00 PM- 7:00 AM on and 10:15 PM- 6:30 AM on Staff H worked 10:00 PM- 6:30 AM on and 10:00 PM -6:15 AM on Staff I worked 10:00 PM-6:00 AM on and

b) A review of the personnel file for all Staff C,H, and I, revealed no documentation of completion of courses in First Aid or During an interview conducted on at 3:10 PM with the Marketing Director/Acting Administrator and Human Resource Director , they reviewed the files of Staff C,H and I and confirmed that the documentation of completion of courses in First Aid or was not in the file.

In an interview conducted on at 9:25 AM with the Marketing Director/Acting Administrator, she confirmed that on and the only staff members working at the facility were Staff C,H,and I.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Livewell At Coral Plaza
5850 Margate Blvd.
Margate, FL 33063

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on ..... 25, 2014 by representatives 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD
Enclosure

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com