STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966757	07/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lifestyle Living #2	833 North Rainbow Drive Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0051 - 58a-5.0185(2) Fac - Medication - Pill Organizers S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced abbreviated Relicensure survey was conducted at Lifestyle Living #2 on . . . . . The facility had a licensure deficiency found at the time of the visit.

0051-Medication - Pill Organizers 58A-5.0185(2) FAC
Based on observations, record reviews and interviews, a nurse was managing pill organizers for residents who were unable to self administer, for 5 of 5 residents (Resident #1, 2, 3, 4 and 5).

The findings are:

During a review of the residents' medications on . it was noted that weekly pill organizers were in use for all residents. The medications were noted to be originally dispensed by the pharmacy as "Medications on Time (MOT's)" which are labeled with the names of the medications, the date and time to be given for each resident. During resident record review it was noted that all the residents require assistance with medications, as documented on the Resident Health Assessment form.

The Administrator was interviewed on . at 3:50 PM and stated that she was removing the medications from the MOT packages and placing them in pill organizers on a weekly basis for the unlicensed staff to assist the residents. She said she is a nurse, but did not know that pill organizers could only be used for residents who self administer. She confirmed that none of the residents in the facility was able to self administer medications.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966757	**07/15/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lifestyle Living #2	**833 North Rainbow Drive Hollywood, FL 33021**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Lifestyle Living #2
833 North Rainbow Drive
Hollywood, FL 33021

RE: Relicensure Survey

Dear Administrator:

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

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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