STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968344	06/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lifestyle Living #1	3513 Polk Street 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 - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at Lifestyle Living #1. The facility had deficiencies at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, record review and interview, the facility failed to follow proper procedure by immediately documenting the Medication Observation Record (MOR) for each resident during the medication self-administration, for 1 out of 2 residents observed during the medication pass (Resident #6).

The findings include:

During observations of the medication pass on at 4 PM, the Home Health Aide performing this task (Staff C) was observed assisting Residents # 3 and #6 with their self-administered medications. The following concerns were noted.

Staff C washed her hands, took the MOR for the month of 2014, and opened up the med cart. She then checked the resident's name (Resident #6) on the medication package. She opened up the package into a soufflé cup and then approached the resident and informed the resident of her medications. After she watched her take the two pills that were in the cup, she returned to the MOR and signed for one of the two medications given. She then immediately, proceeded to the next resident (Resident #3) and provided assistance with self-administered medications (repeating the same procedure steps) and signed the MOR for this resident.

During an interview with Staff C, at approximately 4:20 PM on , she confirmed that she failed to document and sign for all medications given as soon as the task was completed for Resident #6.

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Further interview with Staff C, at this time, revealed [redacted] mg take 1 tab by mouth twice daily), given to the resident was not documented on the MOR as provided.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Lifestyle Living #1
3513 Polk Street
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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