STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910386	05/14/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Relicensure survey was conducted on through and at City Walk Active Living. The facility had deficiencies found at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review, the facility failed to ensure that a medical examination report (AHCA Form 1823) had addressed all of the required criteria for a resident, for 1 out of 2 sampled residents' records records (Resident #11).

The findings include:

Resident #11 was admitted to the facility on with diagnoses of Apraxia, DSD and Aggressive (behavior). The resident was transferred out of the facility related to aggressive behavior on and upon return, had a new medical examination form signed and dated The new health assessment (AHCA Form 1823) did not have a documented statement on the day of the examination that, in the opinion of the examining health care provider, the individual ' s needs can be met in an assisted living facility. Further record review failed to reveal aforementioned information.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation and interviews, the facility failed to ensure that medication provided to resident(s) were identified by the unlicensed staff, for 1 of 5 sampled resident (Resident #1)

The findings include:

A medication pass observation was conducted on at 9:02 AM with Staff G, a Medication Technician. The medication technician poured the medications including, and into a paper medication cup, handed them to the resident along with a cup of water. The medication technician did not identify and/or name the medications to the resident. The surveyor spoke to Resident # 1, who was alert and oriented. The surveyor asked the medication technician, who confirmed that the resident was competent and that she should have identified the medications she provided to the resident.

An interview was conducted with the Health Care Services Supervisor on at 10:15 AM. She was asked and confirmed that Mediation Technician's are required to identify and/or name the medications that they give to the resident .

Class III

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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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

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

Based on record review, the facility failed to ensure prescribed medications were documented accurately and were up-to-date on the daily medication observation records (MOR's) for 3 out of 11 sampled residents (Residents #11, #17 and #19).

The findings include:

a) Review of the 2015 Medication Record (MOR) for Resident #11 showed the resident had been prescribed with dated Observation of the medications for Resident #11 on revealed the prescribed medication was not available at the facility. Upon request, the pharmacy representative provided documentation showing the medication had been discontinued on 2015. The 2015 MOR had not been updated to show the medication had been discontinued on 2015.

b) Review of the 2015 Medication Record (MOR) for Resident #17 showed the resident was to have prescription shampoo applied to the scalp "three times a week". The documentation by facility staff showed initials for each day, from 2015 through 2015, indicating the shampoo was applied more than three times a week. It is unknown if the medicated shampoo was applied more than three times a week as ordered. The daily documentation was not accurate.

c) Review of the and 2015 Medication Records (MOR's) for Resident #19 showed the resident was prescribed 125 MCG, one tablet to be taken Monday, Wednesday, Friday and Saturday only. The documentation by facility staff showed initials for each day, from 1, 2015 through 2015, indicating the medication was given to the resident more than the 4 days of the week it was prescribed. It is unknown if the medication was given to the resident as ordered (only 4 designated days of the week). The daily documentation was not accurate.

The daily documentation of the MOR's and updating when a medication was discontinued was not completed as required for Residents #11, #17 and #19.

d) During record review it was determined Resident #11 was order due to aggressive behavior on During interview with the Director of Operations; the Executive Director; the Wellness Coordinator and 3 surveyors on beginning at approximately 12:30 PM, they were asked to provide documentation on Resident #11's MOR (Medication Observation Record) for the month of 2015 related to the provision of to this resident on The Wellness Coordinator acknowledged that it was not documented on Resident #11's MOR.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review and interview, facility staff failed to administer a medication in accordance with

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	AL11910386	**05/14/2015**
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CITY WALK ACTIVE LIVING	**534 DATURA STREET WEST PALM BEACH, FL 33401**	

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

0056 Continued From page 2

the physician's order for 1 of 5 sampled residents (Resident # 2).In addition it was determined, the facility failed to ensure medications to be taken "as needed/PRN" had specific instructions for unlicensed staff to follow when assisting residents with self-administration of the medication, for 2 out of 12 sampled residents (Resident #12 and #18).

The finding include:
1) The medication pass observation was conducted on at 9:02 AM for Resident #2. The Medication technician (Staff G) was observed to pour a whole tablet from the bottle labeled 80 mg into a medication cup for Resident #2. Review of the medication label revealed the following order; 80 mg give 1/2 tablet (40 Mg) once daily. The surveyor continued to observe the medication technician pour additional medications for Resident # 2, placing them in the paper medication cup. When the technician picked up the cup to hand it to the resident, the surveyor stopped the technician and asked her to read the label on the container and the order documented on the Medication Administration Record. The Medication Technician read the order aloud and then confirmed that she should have given a half pill (40 mg) . The medication technician confirmed that she failed to read the order when she poured the medication into the cup. The technician then removed the 80 mg (whole) tablet from the cup and replaced it with a half pill.

2) Review of the 2015 Medication Record for Resident #12 showed a prescribed medication, 200 mg, to be given "three times a day as needed". No additional directions for use were provided, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations specified.

3) Review of the 2015 Medication Record for Resident #18 showed a prescribed medication, 0.2% Drops, "one drop in affected eye (s) twice daily as needed". No additional directions for use were provided, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations specified.

The 2015 Medication Records for Resident #12 and #18 did not include specific instructions for use of these "as needed/PRN" medications, including parameters and limitations for the residents' use of the medication.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

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

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on 2015 through 2015 and 2015 by representatives 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 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 Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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