STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968367	08/01/2016
NAME OF PROVIDER OR SUPPLIER **WELLNESS LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15560 NE 5TH CT** **MIAMI, FL 33162**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. Wellness Living Inc. (AL#12269) with Extended Congregate Care component had deficiencies identified at the time of the survey.

0010 Admissions - Continued Residency

Based on observation, record review, and interview the facility failed to have an accurate health assessment for 2 out of 3 sampled residents (Residents # 2 and # 3).

Findings included:

Record review of Resident #2's health assessment (1823) completed on / revealed the resident required medication administration, assistance with eating and total help with ambulation, bathing, dressing, , toileting and transferring.

During the survey on / observed Resident #2 ambulating, using the , feeding herself and also she was able to take her medication on her own after being assisted by the facility's administrator (assistance with self-administration).

The facility's administrator stated on / at 1:00 pm that Resident #2 is at times but that she also uses the that she only requires supervision with her activities of daily living. She also stated: "If she was total I could have not admit her."

Record review revealed that Resident #3's health assessment revealed that section 2 B in which the type of assistance with medication is specify was left blank.

Resident #3 was observed feeding herself on / at lunch time and drinking water on her own.

The facility administrator stated on / at 12:50 pm that Resident #3 requires assistance with self-administration of medications.

Class III

0161 Records - Staff

Based on record review and interview the facility failed to furnish an application with references for one

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out of two sampled employees (Staff B).

Findings included:

Record review of Staff B's record revealed that she was hired on and that her application was missing the references section.

The facility Administrator stated on / at 11:30 am that Staff B used to work as a private aid before and that she even had the level II background screening done in order to work as a private aid. She also stated that she will have Staff B to fill out a new application with references furnished.

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have the signed Attestation of Compliance in the employees' personnel files for 2 out of 2 sampled employees (Staff A and B).

Findings included:

Review of the personnel records for Staff A and B revealed that there was no signed Attestation of Compliance.

The facility's Administrator stated on / at 12:20 pm that she will print the Attestation of Compliance form for the staff and will have them to sign it and will place it in their personnel's file.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Wellness Living Inc
15560 Ne 5th Ct
Miami, FL 33162

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2016 by representative(s) 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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