

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912046	(X3) DATE SURVEY COMPLETED 02/15/2017
NAME OF PROVIDER OR SUPPLIER LIVEWELL AT CORAL PLAZA	STREET ADDRESS, CITY, STATE, ZIP CODE 5850 MARGATE BLVD. MARGATE, FL 33063	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on _____ and _____ at Livewell at Coral Plaza License#7861. The facility had deficiencies identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interviews, the facility failed to monitor the continued appropriateness of residency in this assisted living facility (ALF), for 1 out of 2 sampled residents (Resident #20).

The findings include:

Observation made on _____ at 10:35am Resident #20 was not participating in activities and was pacing up and down the hallway then went into _____ # _____ to lay down. During an interview with Resident #20, she stated that she lives in _____ # _____. Record Review of the current census for the Memory Care Unit, Resident #20's name was not listed. An observation of the names posted on _____ # _____ did not state Resident #20's name. During an interview with (Staff F), at this time, she stated that she did not know what was going on with Resident #20. She further stated that she has been living in _____ # _____ on Resident #23's bed (bed hold while Resident #23 is in the hospital) but has an apartment in the Assisted Living Unit. During an interview with Staff G on _____ at 11:45 am, she confirmed that Resident #20 stays in that _____. Resident #23 is in the hospital. The CNA did not know if Resident #20 moved into memory care or not.

During observations made on _____ at 11:30am of Resident #20 laying on Resident #23 bed in the presence of ALF Consultant and confirmed that this should not happen. During an interview with Staff E, she stated that Resident #20 has been sleeping at nights in _____ # _____ on Resident #23's bed (who is in the hospital for the past 2-3 weeks). Staff E confirmed that Resident #20 is sleeping in that bed when she comes into work in the morning and that Resident #20 also goes into that _____ lays down on the bed on the right side (Resident #23's bed - who is in the hospital).

During an interview with Staff F on _____ at 2 PM, confirmed that Resident #20 sleeps/naps in Resident #23's bed. She further stated that Resident #20 does not leave the unit all day when she is here.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912046	(X3) DATE SURVEY COMPLETED 02/15/2017
NAME OF PROVIDER OR SUPPLIER LIVEWELL AT CORAL PLAZA	STREET ADDRESS, CITY, STATE, ZIP CODE 5850 MARGATE BLVD. MARGATE, FL 33063	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Record Review of Resident #20's file revealed the facility failed to document the significant health/mental changes resulting in the resident requiring Memory Care Services; and to monitor for continued appropriateness of placement of a resident in the facility at all times. Record review of Resident#20's file revealed that the resident was attending the memory care as a "day program" for more supervision. Further review of Resident #20's progress notes revealed the following. a) (5:30pm)- indicated that a meeting was held with Resident #20's daughter to discuss that Resident#20 was refusing to leave her room to eat. The notes state that the daughter wants the facility to force her mother to come out of her room. Resident rights were explained to the daughter that the facility can not do that and that numerous staff attempted to encourage Resident#20 to come out and participate. Further review of the notes reflect that Resident #20 stated that she is unhappy with how her life has ended up and that she is embarrassed by her tremors. b) Psych visits and medication for Resident #20 was prescribed and the MD is monitoring its effect. The daughter requested another psych visit as well as labs to review the medications. A follow up meeting scheduled for February 1, 2016 at 5:00pm to determine as to whether the facility can meet he daughter's expectations and whether the resident is appropriate to remain in the facility. c) - Medication was discontinued. d) - labs were drawn e) - results of the labs reflect a normal blood sugar and was prescribed 500mg by mouth 2x a day for 7 days. f) (3:55pm) - observation of Resident #20 was made and indicated that she is very agitated and combative. g) (5:00pm) - the daughter was contacted to update on Resident #20's behavior. Agreed to place Resident #20 in memory care unit temporarily until bedtime. PCP and Psychiatrist was made aware of the situation and no changes were made at that time. h) - Resident #20 was seen by ARNP for concerns and abnormal behaviors. Results of labs were faxed to the PCP and Psychiatrist for a re-evaluation for the diagnosis of high blood sugar and withdrawal. Notes dated February 1, 2016 state that Resident #20 was seen by ARNP and no new orders were made. The ARNP notes Resident #20 has not been exit seeking or as combative, the last 2 days as previously reported. Daughter was made aware. i) - 100mg by mouth QM was prescribed. j) - Resident #20 was agitated, combative, and paranoid. k) - Resident #20 is very agitated and shaky. Stating she only has a few days to be here and she can not afford it. Resident further states she has to go. DPOA was notified and attempts to calm Resident #20 were made.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912046	(X3) DATE SURVEY COMPLETED 02/15/2017
NAME OF PROVIDER OR SUPPLIER LIVEWELL AT CORAL PLAZA	STREET ADDRESS, CITY, STATE, ZIP CODE 5850 MARGATE BLVD. MARGATE, FL 33063	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
l) - Resident #20 was escorted to the Memory Care Unit for nurse supervision at this time. The daughter was notified and was in agreement. m) - Discussion with the daughter was conducted regarding Resident #20 attending "daycare" in memory care unit at this time and agreed it would be best for her mom at this time. n) - Daughter saw her mother over the weekend and saw a big change and sated that she was happy to see her doing well and showing good adjustment. Review of Resident #20's Resident Health Assessment forms (AHCA form 1823) for the past year revealed the following. a) The 1823 dated _____ states Resident #20 medical history and diagnosis of _____ vs _____ / NIDD, early _____, unsteady gait, and recurrent _____ or behavioral status is documented as alert and oriented. No special precautions noted and documented as not being an elopement risk. b) The 1823 was updated on _____. However, does not indicate a significant change, which justifies the reason to go to memory care other than extra supervision and staying in a confined area. The 1823 dated _____ states a medical history and diagnosis of Psych: MDD (Major _____) GAD (Generalized _____), Med: Parkinson's, DMII, HLD. _____ or behavioral Status states: stable behaviorally and _____ on current regimen. No special precautions noted. A comment was documented as stating: patient requires psych meds which help keep her from DTS/DTO; patient needs to remain medication compliant. During an interview with the DON (Director of Nursing) and the Administrator on _____ at 3 PM, Resident#20 behavior and placement status in the memory care unit was discussed. The facility was unable to provide documentation or evidence of a medical reassessment for Resident #20's since the aforementioned changes neither was the facility able to demonstrate that a plan had been established and implemented to safely transition Resident #20 into the Memory Care Unit (including daily escort and monitoring while transitioning from the non-secured unit to secured unit). Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912046	(X3) DATE SURVEY COMPLETED 02/15/2017
NAME OF PROVIDER OR SUPPLIER LIVEWELL AT CORAL PLAZA	STREET ADDRESS, CITY, STATE, ZIP CODE 5850 MARGATE BLVD. MARGATE, FL 33063	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Based on observation and interview, it was determined the facility failed to provide a clean and safe living environment, for residents residing at the facility. The findings included: a) During a tour of the facility on at approximately 11:00AM, observation of . . . # . 's . . . an over the toilet chair. The back legs of the chair had brown rust like stains and was corroded. Further observation . . . revealed underneath the toilet chair cover the connecting hinge had brown rust like stains and was badly corroded. Further review revealed additional brown rust like stains along the perimeter of the toilet chair. b) During a tour of the facility on at approximately 1:00PM, observation of . . . # . 's . . . a over the toilet chair. Underneath the toilet chair seat the connecting hinge has brown rust like stains and the hinge is badly corroded. In an interview conducted with the Administrator, Owner, Care Coordinator and Business Office Manager at approximately 2:30PM, the findings were discussed. The Administrator acknowledged the findings and did not provide any additional information for review. Class III		