STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967498	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **SWAN AT LAKE CONWAY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3714 ST MORITZ STREET** **ORLANDO, FL 32812**	

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

0000 - Initial Comments

A complaint investigation (2017001872) was conducted on , 2017. Swan at Lake Conway Assisted Living Facility, license #11542, had a deficiency at the time of the visit.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview the facility failed to secure centrally stored medications.

Findings:

Observations during a tour of the facility on at 9:25 AM revealed a medication cart, which held resident medications, was unlocked with the keys on top of the cart. The caregiver was not in the residents were sitting nearby.

During an interview with the caregiver on at 9:45 AM, she confirmed the cart was left unlocked with the keys on top and said she left it unlocked because she was giving medications to the residents.

Class III