STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911412	R 08/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVEWELL AT COURTYARD PLAZA	**15520 NW 2 AVENUE** **NORTH MIAMI BEACH, FL 33160**

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

0000 - Initial Comments

A complaint Revisit Survey (CCR #2017003794) was conducted on 08/10/2017. Livewell at Courtyard Plaza with limited mental health and limited nursing services component and license number 7169 had the following deficiencies identified at the time of the survey:

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation, record review, and interview, the facility failed to have Over The Counter (OTC) medication properly labeled and centrally locked for one out of 30 sampled residents (Resident #29).

Findings included:

On at 11:46 AM the following OTC medications were found in Resident #29's : a bottle Cervovite ( ) and a bottle of Pain Reliever Plus (,).

According to the Health Assessment dated , Resident #29 needed Assistance with Self-Administration of Medication.

During and interview on at 3:00 PM, Staff O stated, "I don't know how the housekeeping and the caregiver staff missed that. They know they are supposed to check the those things."

On at the facility sent by email a doctor order for "Gerovite, , and , plus 2 tablets q (every) 6 hours for pain" dated .

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe living environment for the residents.

Findings Included:

On at 11:46 AM during the facility's tour and were observed to have roaches in the . Also, there were no blinds or curtain in # . Furthermore, had a broken , had a strong odor of cigarettes, had a strong odor and not enough lighting, and the lamp in the not have a light bulb. The grab bar between and was shaky; 's ceiling paint was peeling and the air conditioner was leaking; had no window

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covering; had a strong odor; the ceiling paint was peeling in ; and bed bugs, identified by the inspection of another state agency, were found in #.

Record review of pest control documentaion shows they came out to the facility on and .

The facility received a Incomplete Result on report dated from another state agency with Violation #17 Maintenance- Eliminate roach droppings throughout facility. Clean inside all drawers throughout facility.
Violation #27 Infestation/ Presesnce- Provide pest control for live roaches. Eliminate bed bugs in # bed one (observed live bed bugs in mattress).
Violation #29 Beds- Replace worn matresses throughout facility.
The facility received a Report dated Results Unsatisfactory with Violation #27 Infestation/ Presesnce- Recommended training for all staff on bedbugs.

During an interview on at 12:47 Resident #50 stated "I requested the curtains, but I never got them."

Uncorrected Class III