STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968122	R 11/21/2017
NAME OF PROVIDER OR SUPPLIER **ADULT LEISURE LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15650 WEST BUNCHE PARK DRIVE** **MIAMI GARDENS, FL 33054**	

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

0000 - Initial Comments

An abbreviated biennial survey revisit was conducted on . Adult Leisure Living, Inc (Lic #12063) had deficiencies identified at the time of the inspection.

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observations, record review and interview the facility failed to ensure that licensed personnel administered medications to one of six sampled residents (#1) .

Findings included:

Observation at 12:12 pm revealed that Staff C was feeding Resident # 1.

Interviewed on at 12:12 pm, Staff C stated that Resident #1 could not grab the spoon to eat independently.

Interview on pm revealed that Staff C stated that she had to pour the pills on the applesauce gave to Resident #1 using a spoon. In addition, Staff C stated, "Resident #1 has no crush medication order. I put the whole pill in the applesauce and she swallowed it."

Record review revealed that the Medication Observation Record (MOR) listed the following: Aspin -Low 81 mg, Megestrol Acet 40 mg, , Mag DR 40 mg, , 40 mg, Amlodinine Bestlate 5 mg, 4.6 MIG , 500 mg, 10 mg and Prop 50 MCG)

Record review revealed that Staff C and D signed (as given) the MOR for Resident #1's medications.

Interviewed on at 12:25 pm Staff C confirmed that those signatures on Resident #1's MOR belonged to her and Staff D. Resident #1's MOR was signed from -

Interviewed on at 12:48 pm by phone, Staff A stated, "Resident #1 has a doctor order to crush her medication in her file, and we can use it. Staff A stated, "I am a Nurse, and I will administer the medication."

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968122	R **11/21/2017**
NAME OF PROVIDER OR SUPPLIER **ADULT LEISURE LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15650 WEST BUNCHE PARK DRIVE** **MIAMI GARDENS, FL 33054**	

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

Based on observation and interview the facility failed to maintain the environment in good working order.

Findings included:

Observation on at 11:20 am revealed that the paint on the wall of the main dining pealing.

Interview on by phone at 12:48 pm Staff A stated, "We are waiting on the Adjuster, the wall needs more that paint because water was leaking. I am aware of the situation. This happened after Hurricane Irma, and we are working on fixing it."

Class III