STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912046	12/21/2017
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 complaint survey, CCR #2017007690, was conducted on through at Livewell at Coral Plaza, a 140 bed ALF, License #7861, The facility had deficiencies at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on interview and record review, it was determined the facility failed to ensure the privacy and confidentiality of a resident's information (Resident #1) was secure from and . As evident of the facility failure to implement steps and procedures to ensure a resident's private information is maintained confidential at all times and to prevent a resident from being financially

The Findings Include:

During record review and interview performed on , 2017 between 9:45 AM and 2:38 PM, it was revealed that a resident's funds had been taken without the resident's authorization. Specifically, the bank account and funds therein for resident #1 was inappropriately accessed by a facility worker, and used for their personal use. During an interview with the Administrator, at this time, it was revealed that Staff C , had full access to resident's incoming mail and opened each mail item prior to delivering the item to the residents. Staff C was hired as the Front Desk Receptionist her duties included manage and is reponsible for coordination of front desk responsibilities (including opening incoming mail). This staff had full access to residents' financial information and confidential documents. The Administrator also confirmed that they did not have permission from residents to open their personal and confidential mail.

This surveyor observed and reviewed a copy of the Police Report from the {name of city} which identifies the alleged employee as having committed the alleged offense, as well as the employee's as a result of committing the crime.

At 9:54 AM, this surveyor began review of the facility's Grievance Log and Incident Report Log that was requested and provided. The request/review was for the purpose of determining if the facility had a pattern/history of employees residents.
During the above-mentioned time, this surveyor also reviewed confidential records from a third party agency, in which it was determined that the offense did indeed occur.

In addition, this surveyor was given a copy of the Agency for Health Care Administration's Adverse Incident Report dated , 2017 filed by the facility Administrator. The report stated that the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912046	**12/21/2017**
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)

employee "financially abused (Resident #1). On between 12:38 PM - 1:18 PM, the surveyor asked the Administrator what measures have/or will be put in place to prevent similar incidents from occurring. The Administrator responded by stating that the facility immediately implemented a process by which incoming mail is sorted in a check & balance way.

During an interview with the Administrator, it was revealed upon learning of the , the facility proactively developed and implemented a process designed to prevent similar incidents from occurring. The process was shared with the surveyor between 12:40 PM and 1:18 PM. The Administrator stated that the process was explained to appropriate staff and an email copy given them. A copy of the "Trust Fund Balance Sheet and the codified "Trust Policy and Procedure" was provided to the surveyor (attached). However, the Administrator

During the Exit Conference on , 2017 between 2:00 PM- 2:15 PM, the Administrator, Vice President of Operations, acknowledged that the incident did occur and was confident of the measures put in place to prevent further occurrences.

As substantiated by the evidence reviewed, the corroborating information provided by the facility, and acknowledgement of the same by the Administrator and Vice President of Operations during the survey and Exit Interview; it was determined that the Facility failed to ensure that the resident's privacy and confidential information was secure from and .

Class III