STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965384	R **03/02/2018**
NAME OF PROVIDER OR SUPPLIER **EXCLUSIVE HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **183 WEST 18 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey revisit was conducted on . . . . . Exclusive Home, with the Limited Mental Health component and license #9772, had deficiencies at the time of the survey:

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

Based on observation and interview, the facility failed to keep all medications locked at all times.

Findings included:

During the facility tour on at 8:44 AM an unlocked plastic box containing two vials of Lantus 100 UI was found in the refrigerator.

During an interview on . . . . . at 8:55 AM, Staff B stated "the nurse who came here today did not lock it, it is always locked."

Class III