STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911412	**03/28/2018**
NAME OF PROVIDER OR SUPPLIER **LIVEWELL AT COURTYARD PLAZA**	STREET ADDRESS, CITY, STATE, ZIP CODE **15520 NW 2 AVENUE** **NORTH MIAMI BEACH, FL 33160**	

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

0000 - Initial Comments

Two complaint surveys were conducted from , 2018 to , 2018 at Livewell at Courtyard Plaza, License 7169 with Limited Nursing Services and Limited Mental Health Components (CCR#'s 2018002118 and CCR# 2018001310). The facility had the following deficiencies identified at the time of the survey:

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on observations and interview, the facility failed to keep accurate elopement risk information on resident records for 11 of 14 sampled residents. The facility failed to provide five of 12 sampled residents on the assessed elopement risk with identification on their persons that includes their names and the facility name, address and telephone number. The facility failed to provide the name of a resident with elopement risk on the elopement list and 1823 resident assessment record for one of 14 sampled residents. The facility failed to ensure that one of ten sampled staff (Staff A) was aware of the elopement standards.

Findings included:

Resident records review showed that 11 of 14 sampled residents (Residents 1, 4, 5, 6, 8, 9, 10, 11, 12, 13, and 14) did not have elopement risk indicator on their 1823 resident health assessment.

Resident records review showed that five of twelve sampled residents (Residents 8, 11, 12, 13, 14) with a score of five or more in the risk assessment file had no ID bracelets on them as indicated on the facility's elopement standards policy.

On , 2018 at 11:30 am, Staff H stated, "None of them have it because we are working on that now".
Resident records review showed that one of 14 sampled residents (Resident 6) with diagnosis of and , was not on the elopement list nor the 1823 resident health assessment indicated elopement risk.

On , 2018 at 6:32 am, Staff B stated, "I do not know who is at risk of elopement, we have not had an elopement for a long time. I have been here working for a year and I have not heard of anyone eloping in months, I do not remember the last time".

On , 2018 at 6:34 am, Staff A could not find the elopement risk list for the facility.

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

On [redacted], 2018 at 6:34 am, Staff A stated, "I know they keep it at the front desk but I cannot find it".

On [redacted], 2018 at 12:45 pm, during the exit conference, Staff J stated, "We will review all files and all will be corrected".

Class III

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

Based on observations and interview, the facility failed to ensure that the centralized medication cart was kept locked.

Findings included:

On [redacted], 2018 at 6:28 am, observed the medication cart located at hallway outside medication [redacted], unlocked and unattended by facility staff.

On [redacted], 2018 at 6:28 am, Staff B stated, "Yes, the medication cart is locked"

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation and interview, the facility failed to ensure that one of ten sampled staff (Staff B) was aware of the census for the facility.

Findings included:

On [redacted], 2018 at 6:50 am, Staff B was not able to provide the facility census for that day. Staff B stated that she was not sure how many residents were living in the facility because she had been off for a couple of days.

On [redacted], 2018 at 6:50 am, Staff B stated, "I do not have access to that, the manager is on her way."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911412	**03/28/2018**
NAME OF PROVIDER OR SUPPLIER **LIVEWELL AT COURTYARD PLAZA**	STREET ADDRESS, CITY, STATE, ZIP CODE **15520 NW 2 AVENUE** **NORTH MIAMI BEACH, FL 33160**	

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

0163 - Records - Resident, Penalties for Alteration - 429.49 FS

Based on observations and interview, the facility failed to ensure that statements collected from staff were not altered, after a resident was found to be missing from the facility.

Findings included:

On , 2018 during survey, observed documentation of statements given by staff on elopement case had the times written over the original printed statement, typed 6:30 am, written over 8:30 am. On , 2018 during survey, copies of the statements were presented to the administration staff.

On , 2018 at 7:03 am, Staff C stated, "He had already left by the time I arrived, the overnight staff informed me of the elopement when I arrived".

On , 2018 at 9:40 am, Staff E stated, "I worked on Thanksgiving day, the girls were doing their and one of them came down around 7:00 am and said that the resident was not there".

On , 2018 at 12:45 pm, during the exit conference, staff J stated, "That was done by the Administrator when they told her that it actually happened at 8:30 am".

Class III