STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968818	**06/04/2018**
NAME OF PROVIDER OR SUPPLIER **LIVING CARE FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10355 SW 38 TERR** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Six Months Full Monitoring Survey was conducted on . Living Care Facility Inc. with Standard License #12671 had the following deficiencies found at the time of the survey:

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

Based on observation and interview, the Assisted Living Facility failed to keep medicines secure at all times.

Findings included:

On at 7:50 AM, observed the cabinet in the laundry , which contained the medications, was unlocked.

On at 7:55 AM, the Administrator stated that the reason why the medication was unlocked was because she was just finishing giving the medication to four residents and she was just about to give it to the fifth resident.

Class III