STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967370	**07/06/2018**
NAME OF PROVIDER OR SUPPLIER **LIVING WELL ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **21280 OLD CUTLER ROAD** **CUTLER BAY, FL 33189**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on [redacted] and concluded on [redacted]. Living Well #2 ALF Corp, license number 11461, had the following deficiencies identified at the time of the survey:

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, record review, and interview the facility failed to provide social, recreational or educational, and other activities for all residents.

Findings included:

On [redacted] at 11:33 AM Staff C stated "Well, most of them are [redacted] and they are not able to do any activities."

A review of the facility's posted activities schedule dated [redacted] were from 2-4PM were reading and exercise.

On [redacted] at 5:43 PM the personal friend of Resident #6 stated "My problem with the facility is that they do not promote any activities, they do not do anything all day. The times that I am allowed to visit are from 11:00 AM to 8:00 PM and the times I have visited, I have noticed there are no activities provided."

On [redacted] at 11:48 AM contacted administrator and he stated "We do not offer activities because all of them are [redacted] and I have mostly hospice residents."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide documentation of a negative [redacted] examination required on an annual basis for 1 out of 4 sampled staff (Staff B).

Findings included:

A review of the administrator's record showed the hired date was [redacted] and the last physical examination was completed on [redacted].

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On at 1:30 PM Administrator stated "I will renew the physical examination, the date was an oversight on my part."

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility failed to have documentation of an updated 12 hours of continuing core education training for the Administrator, in topics related to care and treatment of residents or management/administration, required every two years.

Findings included:

A review of the administrator's personnel record showed the last CORE update was completed on .

On at 1:25 PM, the Administrator stated "I know that I completed the training but it must be filed in my record at the other facility."

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that 2 out of 4 sampled staff had received training in the areas of ADL (Activities of Daily Living) and Behavioral Needs, Emergency Preparedness & Evacuation, Incident Reporting, Resident Rights, Recognizing/Reporting , Neglect & , (Staff A and B).

Findings included:

A review of Staff A's employee file showed no documentation that the staff received the required trainings on the areas of ADL and Behavioral Needs, Emergency Preparedness & Evacuation, Incident Reporting, Resident Rights, Recognizing/Reporting , Neglect & , .

A review of Staff B's employee file showed no documentation that the staff received the required trainings on the areas of ADL and Behavioral Needs, Emergency Preparedness & Evacuation, Incident Reporting, Resident Rights, Recognizing/Reporting , Neglect & , .

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On at 1:27 AM, the Administrator stated "We have the training documentation, but they must be misplaced because we keep records in the other facility, they were probably left over there."

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on observation and record review the facility failed to provide documentation that 1 out 4 staff sampled staff took the food service designee training on annual basis (Staff C).

Findings Included:

On at 12:00 PM observed Staff C preparing and serving meals to the residents.

A review of Staff C's employee record found no documentation that the staff received the required food service designee training.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview the facility failed to have an accurate health assessment done by healthcare provider for 5 out of 5 sampled residents (Resident #1, 2, 3, 4, and 5).

Findings included:

A review of Resident #1's health assessment dated , showed medical history and diagnoses: , Generalized , high , . Nursing/Treatment/ , service requirements: Assistance on activities of daily living. The resident needs supervision with all activities of daily living. The resident needs assistance with self-administration of medications. There was no documentation the resident had a .

A review of Resident #1's Hospice plan of care dated , documented that the resident was awake, alert, oriented x 1, sleeping most of the time. Bedbound, to upper and lower extremity. care 3 x a week, sacral .

On at 11:55 AM Hospice Nurse stated taht Resident #1 had a sacrum , and

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that the resident was bedbound. The medication was administered by the nurse.

A review of Resident #2's health assessment dated , showed medical history and diagnoses: , high , , , and . The resident needed assistance with all activities of daily living. The resident needed assistance with self-administration of medications. There was no indication if the resident was an elopement risk. There was no documentation the resident had a .

A review of Resident #2's Hospice plan of care dated documented: Care clean left lower extremity ( ). Daily bath care. Medication management by nurse.

On at 11:51 AM Hospice Nurse stated that Resident #2 had a , the resident was bedbound. The medication was administered by nurse.

A review of Resident #3's health assessment dated , showed medical history and diagnoses: , General . Physical or sensory limitations: , Incontinence, unsteady gait, needs human assistance. The resident needs assistance with activities of daily living. The resident needed assistance with self-administration of medications. Per health assessment the resident was not an elopement risk. There was no documentation the resident had a .

A review of Resident #3's Hospice plan of care dated /2018 documented: Care, clean right lateral malleolus , . Apply Exoderm dressing 2 x a week. Medication administered by license staff. Bedbound/ .

On at 11:53 AM Hospice Nurse informed Resident #3 had a Left lateral , the resident was bedbound. The medication was administered by nurse.

A review of Resident #4's health assessment dated , showed medical history and diagnoses: Left , , Wheelchair Dependence, , Type II, , High , . Physical or sensory limitations: /feces incontinence. Per health assessment the resident is wheelchair dependent on ambulation and transferring, needs assistance with bathing, dressing, self-care ( ), and toileting, and needs supervision with eating. The resident needs assistance with self-administration of medications.

A review of Resident #4's hospice Plan of Care dated documented: Awake, alert, oriented x 1, left side , , , treatment, . Medication administered by license staff. Bedbound.

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On at 11:57 AM Hospice Nurse informed Resident #4, does not have any wounds. Her mobility is , due to left side , . The resident is able to ambulate in a wheelchair. The medication is administered by nurse.

A review of Resident #5's health assessment dated , showed medical history diagnoses: , with severe kyphosis, scoliosis Parkinson's , , , polymyalgia, , , , , , , , , and type II on diet only. The resident needs supervision with all Activities of daily living. The resident needs assistance with self-administration of medications.

A review of Resident #5's hospice plan of care dated showed medication administered by license staff. Bedbound.

Class III