STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967370	R 09/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVING WELL ALF #2	**21280 OLD CUTLER ROAD** **CUTLER BAY, FL 33189**

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

0000 - Initial Comments

A revisit Survey was conducted on . . . . . 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 record review, and interview the facility failed to provide social, recreational, educational, or other activities for all residents.

Findings included:

On . . . . . at 1:53 pm, the Administrator stated "most of the residents are on hospice care and cannot participate in activities."

A review of the facility's posted activities schedule dated showed reading and exercise.

Uncorrected
Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observations and record review, the assisted living facility failed to maintain medications observation records (MORs) for 2 of 5 sampled residents who received assistance with self-administration (Residents #5 and 7).

Findings included:

A review of the staffing schedule revealed Staff A was not scheduled to work on and .

A review of the Medication Observation Record revealed the following:

Resident #5's MOR was not maintained by the facility. , ER 630 MG ordered twice a day was initialed by Staff A on . . . . and . . . . .

Resident #7's MOR was not maintained by the facility. . . . . tablet ordered once a day was not initialed by staff on . Silver cream order once a day was initialed by Staff A on

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and .

In an interview with the Administrator on at 1:57 pm, he stated Staff A comes to work every day even when he is not listed on the staffing schedule. Administrator stated Staff A came into work on and to assist the residents with medication.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the assisted living facility failed to maintain a written work schedule that reflected a 24-hour staffing pattern for a given period.

Findings included:

In an observation on at 11:10 am, Staff C showed bed of where she slept that was located adjacent to the kitchen area, enclosed into the wall.

In an interview on at 11:13 am, Staff C stated she worked a 24 hour shift along with Staff D. She stated she woke up during the night and checked on the residents.

A review of the staffing schedule showed no staff working from 7:00 PM to 7:00 AM for weeks .

Class III

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

Based on record review and interview, the assisted living facility failed to keep an accurate medication log for 5 of 5 sampled residents (#1-5). The records were fraudulently completed when staff signed the Medication Observation Record (MOR) using another staff person's initials.

Findings include:

In an interview on at 12:15 pm, Staff C stated she recently signed off on Resident #5's MOR using the letter "F" because everyone calls her by an alias that begins with the letter "F".

A review of the staffing schedule showed Staff A calling off on however Resident #5's MOR

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showed a signature of "J".

In an interview on on 12:18 pm, Staff C stated her co-worker Staff D signed "J" instead of "O". When asked if this was a common practice, Staff C stated "sometimes, when Staff A is not scheduled to come into work".

Class III