STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911005	R **12/18/2018**
NAME OF PROVIDER OR SUPPLIER **MIDWAY RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **93 SW 79 COURT** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on . . . . . , . . . Midway Retirement Residence with a Limited Mental Health component,had the following deficiency identified 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 centrally stored medications locked at all times in the refrigerator.

Findings included:

On . at 8:45 AM observed in the fridge door , . . . and . 200-200-20 mg/5 ml for Resident #11 and Resident #1's prefill , for . Mix .

On at 8:50 AM Staff E stated that the , is for the employee's usage and the other is for the resident in case she needs it.

Class III