STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968963	R **12/05/2018**
NAME OF PROVIDER OR SUPPLIER **LITTLE HAVANA LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2028-2030 NW 5 ST** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A third follow up to a standard biennial survey was conducted at Little Havana Living LLC on . . . . . Little Havana Living LLC with Limited mental health component (AI 12839) had a deficiency found at the time of the survey:

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

Based on observation, interview and record review, the Assisted Living Facility failed to dispose of the medication that was discontinued more than 30 days earlier for one of one sampled resident (Resident #6).

Findings included:

On . . . . . at around 7: 25 am, observed a black, locked box in the refrigerator. Inside there were three bottles of Fast Acting - , regular strength, / ˬ , 12 FL OZ (355 mL) for Resident #6.

A review of Resident #6's Medication Observation Record showed that the medication was not listed. Further review showed no order for this medication.

On at 7:30 AM Resident #6 stated, that she took the medication in ˛ because she had some issues with . . . . . , but a few days later, the doctor send an order to dispose of it because she did not need it anymore.

On at 7:45 AM by telephone, the Administrator stated that he did not remember about this medication and that he did not remember the order to dispose of it.

Uncorrected
Class III