STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966973	**01/15/2019**
NAME OF PROVIDER OR SUPPLIER **AMOEDO'S ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3415 W IVY STREET** **TAMPA, FL 33607**	

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

0000 - Initial Comments

Assisted Living Facility

A Monitoring Visit for Change in Use of Space survey was conducted at Amoedo's Assisted Living Facility on . . . . . Amoedo's Assisted Living Facility had deficient practice identified at the time of the survey.

License: 11149

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

Based on observation and interview, the Facility failed to ensure centrally stored medication remained in a locked cabinet, cart, or other storage receptacle at all times.

Findings included:

During a tour of the facility on , at 9:35 AM, it was observed the medication cart was unlocked . Surveyor was able to pull open the medication cart and the medications were visible. The medication keys were positioned inside the medications cart key hole while dangling from the medication cart that was unattended.
Surveyor waited by the medication cart for fifteen minutes. The medication cart remained unattended with medications unsecured for over fifteen minutes, Staff A walked past the medication cart twice without locking the medications inside the medication cart. At 9:40 AM and at 9:51 AM Staff A was observed inside the kitchen washing dishes at a kitchen sink. It was noted at 9:56 AM Staff A was observed walking to the other side of facility where the medication cart was fully out of her sight and assisted a resident to the bathroom.

During an interview with the facility administrator at 10:08 AM on . . . . . , . . . surveyor informed the administrator that the medication cart was left unlocked and unsecured for over fifteen minutes by Staff A. The adminsitrator stated "okay."

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Class III