STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968367	**01/24/2019**
NAME OF PROVIDER OR SUPPLIER **WELLNESS LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15560 NE 5TH CT** **MIAMI, FL 33162**	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) Monitoring Survey was conducted on . . . . . , . . . Wellness Living Inc. with ECC component had deficiencies identified at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation, record review, and interview the facility failed to have a signed consent for the use of side rails for one out of two sampled residents (#2).

Findings included:

On . . at 12:15 PM observed Resident # 2 eating lunch sitting in bed with . . . . side rails up.

On . . . at 12:15 PM Staff B stated Resident # 2 required assistance to get out of bed.

Review of Resident # 2's record revealed there was a prescription for half bed rail dated . . . . . .
Resident #2's record did not have a consent for the use half side rails.

On at 1:56 PM the Administrator stated, "I will contact her daughter for her to sign the consent. I thought the prescription was enough."

Class III

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

Based on record review and interview the facility failed to have a copy of the most recent interdisciplinary care plan for a resident receiving hospice services (#1).

Findings included:

Review of Resident #1's record revealed the resident has been receiving hospice services since . The most recent care plan available was dated .

On at 1:20 PM the Administrator stated on the phone, Hospice comes to bathe her but she can assist. The resident requires assistance with self-administration of medications."

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968367	**01/24/2019**
NAME OF PROVIDER OR SUPPLIER **WELLNESS LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15560 NE 5TH CT** **MIAMI, FL 33162**	

SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain the employment status of all employees within the clearinghouse for one out of four sampled staff (D).

Findings included:

Review of the facility' roster revealed Staff D had been hired on .

Review of the staffing schedule revealed Staff D was not listed.

On at 1:40 PM the Administrator stated, "Staff D was never hired. I put her in the roster but she never showed up for the interview. I have 30 days to do the changes. I forgot to take her off."

Unclassified