STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911412	**02/01/2019**
NAME OF PROVIDER OR SUPPLIER **LIVEWELL AT COURTYARD PLAZA**	STREET ADDRESS, CITY, STATE, ZIP CODE **15520 NW 2 AVENUE** **NORTH MIAMI BEACH, FL 33160**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . Livewell at Courtyard Plaza with limited mental health and limited nursing components had no 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 record review and interview, the facility failed to treat one of 15 Sampled residents with dignity and respect (Resident #8). The resident was not provided with a key to his room.

Findings:

On a record review revealed the facility had no documentation of when, to whom and how resident room keys were distributed.

On at 7:30 AM, Resident 8 stated that he had only been at the facility for a few weeks. He stated he did not have a key to his room. He said he was never given a key and he never asked for one because he felt the facility should have given it to him when he first moved in. He said he should not have had to ask for it. He said he did not like leaving his room because he couldn't secure his personal things. He stated he was afraid of other residents walking in and stealing his things from him.

On at 3:55 PM, the Administrator stated all residents were given the key to their room when they arrived and were admitted into the facility. She stated that any resident claiming that they don't have a key to their room was because they lost the key. She stated that the facility did not have or keep any records showing when and to whom keys were distributed.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed to have the detailed emergency environmental control plan policies, inform resident of he power plan in writing and failed to the facility failed to have enough fuel stored onsite to power generator and failed to a policy and procedure available with instructions on how to use the generator in case of an emergency. The facility failed to notified each resident/resident representative in writing of implementation of the plan.
Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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Observation on [redacted] at 4:20 PM found that the facility had two red empty containers and ten five gallons of propane tanks where two tanks had fuel stored onsite. The amount of fuel on site was not enough to cover 72 hours of power from the generator.

Record review revealed the facility did not have a written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source (the generator) and any fuel required for the operation of the alternate power source. The facility did not documentation that the residents were notified of the implementation of the plan or that the facility staff had not received emergency plan training.

On [redacted] at 12:34 PM the maintenance manager stated only two of the [redacted] propane tanks were full, and that the remaining tanks were empty. The gas containers were found empty.

On [redacted] at 4:50 PM the Administrator acknowledge the facility did not have policies and procedures in place on how to operator the generator in case of an emergency, had not given resident or their families written notice of the power plan, and had no policy on how to run the generator during an emergency

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview the facility failed to provide documentation of a signed attestation of compliance with background screening for one out four (Staff B) sampled staff.

Findings included:

Review of the personnel record for Staff B (hired) found no signed attestation of compliance with background screening.

On on at 4:50 PM the Administrator stated she was unable to locate the attestation in Staff B's file.

Class III