| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11911412 | R<br>01/31/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **LIVEWELL AT COURTYARD PLAZA** | **15520 NW 2 AVENUE**<br>**NORTH MIAMI BEACH, FL 33160** |

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

**0000 - Initial Comments**

A follow-up survey was conducted on [redacted] at LiveWell of Courtyard Plaza with LNS & LMH components. Deficiencies were identified at the time of the inspection.

**0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)**

Based on observation, record review and interview, the facility failed to have a record of medication brought into the facility for 1 of 108 sampled residents in their care who required assistance with self-administration of medication (Resident #17).

Findings:
On [redacted] at 7:40AM, observed staff removing a clear plastic hospital bag which contained a variety of toiletries from Resident #17's room. Also included in the bag was a jar of , cream.

A review of facility and resident records revealed no documentation of the medication found in Resident 17's room.

On [redacted] at 8:00 AM , Staff E said she was not sure why the resident's toiletry items were being removed from the room. She stated that the resident was currently in the hospital and from her knowledge would be returning to the facility. She reported, she was not aware the resident had medication in his room.

CLASS III

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

Based on observation and interview, the facility failed to secure medication at all times. Additionally, facility failed to ensure that medication was properly labeled.

Findings:

On [redacted] at 7:40AM observed staff removing a clear plastic hospital bag with a variety of toiletries. Also included in the bag was a jar of , cream.

On [redacted] a record review revealed the facility did not have medication locked or secured. Medication was left in resident's room accessible to others.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11911412** | R<br>**01/31/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**LIVEWELL AT COURTYARD PLAZA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**15520 NW 2 AVENUE**<br>**NORTH MIAMI BEACH, FL 33160** | |

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

On _____ at 8:00 AM in an interview, Staff E reported she was not aware the resident had medication in his room.

CLASS III (D)