STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968631	**04/29/2019**
NAME OF PROVIDER OR SUPPLIER **STUART LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1301 SE PALM BEACH ROAD** **STUART, FL 34994**	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) and Limited Nursing Services (LNS) monitoring visit was conducted at Stuart Lodge on . The facility had a deficiency identified at the time of the visit.

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

Based on observation and interviews, the facility failed to ensure that 1 of 5 medication carts was secured (2nd floor treatment cart/medication cart).

Findings ininclude:

The surveyor arrived at the facility on at 8:00 AM and was escorted to the 2nd floor medication room by the Business Office Manager. The door to the room was open and had the lights on. At this time, the surveyor noted that there were no staff in the room . The surveyor immediately observed the treatment cart (medication cart) to be unlocked. The cart contained numerous prescribed medications for the residents on the 2nd floor. The Health and Wellness Director arrived at 8:45 AM and the surveyor asked if the treatment cart (medication cart) should be left unlocked and the door to the room open. The Director confirmed that the treatment cart should be locked except when in use and the facility failed to ensure that it was secured properly.

Class III