Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969645	A. BUILDING: _____ B. WING _____	R 07/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NUEVA VIDA ALF INC	403 NORTHWEST BLVD MIAMI, FL 33126

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A second revisit to a complaint investigation (complaint number 2022013325) was conducted at Nueva Vida ALF on . A deficiency was identified at the time of the visit.	A 000		
A 083 SS=E	59A-36.011(5) FAC Training - First Aid and . (5) FIRST AID AND . ( ). A staff member who has completed courses in First Aid and . and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American . . Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observation, record and interview review the facility failed to ensure staff must be in the facility at all times, who has completed First Aid and . . . . , ... , ... (.) and holds a currently valid documentation of the completion for two out of (Staff A and B) sampled staff.	A 083		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 083	Continued From page 1 Findings: Observation on at 10:00 am showed Staff A (caregiver) and Staff B (caregiver) working at the facility, with a census of 6 residents and 1 daycare participant. A review of Staff A file showed a hired date of . Further review of the record showed a First Aid and training card that expired on . A review of Staff B file showed a hired date of . Further review of the record showed a First Aid and training card had that expired on . Interviewed on at 11:15 am, Staff A stated that he was not aware that his and First Aid training had expired. Interviewed on at 11:20 am Staff B stated that he was not aware that his and First Aid training had expired. Class III	A 083		