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
	AL11965493	A. BUILDING: _____ B. WING _____	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIDA HOME, LLC	415 EAST 39 STREET HIALEAH, FL 33013

(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 complaint investigation (#2023018420) was conducted at Vida Home, LLC on [redacted]. The provider had deficiencies identified at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making [redacted] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

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
	AL11965493	A. BUILDING: _____ B. WING _____	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIDA HOME, LLC	415 EAST 39 STREET HIALEAH, FL 33013

(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 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide personal supervision as appropriate for each resident to maintain a general awareness of the resident's whereabouts for one out of five sampled residents (Resident #1). Resident #1, diagnose with , poor judgement and insight was left unattended by facility staff at a doctors , , , and he subsequently eloped. Findings included: Review of Resident #1's record revealed a health assessment completed on . Diagnosis included , Type 2,	A 025		

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
	AL11965493	A. BUILDING: _____ B. WING _____	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIDA HOME, LLC	415 EAST 39 STREET HIALEAH, FL 33013

(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 025	Continued From page 2 Essential Primary , , and , , . Resident had visual disturbance, poor insight and judgement. He suffer from , , . The resident needed supervision with ambulation, assistant with transfers and was independent with grooming , bathing, , eating and toileting . The resident was not identified as being an elopement risk Review of Resident #1's record revealed a progress note completed on that stated, "I, assisted living facility's (ALF) owner, took Resident # 1 to a doctor's , , on at 10 AM. When I got to the clinic I informed the people in charged that when he was done to call me because Resident # 1 could not leave on his own due to being disoriented. They got my information and told me that it was fine and that they would call me when he finishes. At 2 PM I called and asked for him and they answered that he had finished and had left the center. They never called me to let me know that he had left. I went to the clinic and looked for him in the premises and around, called the family and the police to keep looking for him. Around 10:59 PM his cousin, called to let me know that Resident #1 had come to his house without any physical damage and in good health. She put him in her car and took him to the ALF." During an interview on at 7:13 AM, concerning Resident #1 elopement, Staff B (Caretaker) stated, "The boss took him to a doctor's , , because he does not have transportation or someone to take him. The boss told the doctor's office staff to call him when they were done, and they did not. He left and went to where he used to live. The police and the family were called. Resident # 1 is young, he is 50ish,	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965493	A. BUILDING: _____ B. WING _____	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIDA HOME, LLC	415 EAST 39 STREET HIALEAH, FL 33013

(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 025	Continued From page 3 but his mind is lost." During an interview on at 7:45 AM, the Owner stated, "I told them[staff at doctors office] to call me when they were done, and they put a note in the computer. It was the first time I went to that office, and they asked me who I was since I was not on his contacts. His cousin used to take him to the , and now she does not want to do that anymore. I told them that he could not leave on his own because he was not oriented as to leave on his own and they told me not to worry that I could leave and they would call me when Resident # 1 finished his . I left around 10 AM in the morning and at 1 PM, I was worried that they did not call me yet and I called the office to ask if he was still in the , and the lady told me that he was done; the same lady that told me that she would call me. She said that he finished and sat outside to wait for me, but they did not call me. I went and looked for him in the doctor's building and could not find him and called the police. He had been here[at the facility] only for 3 weeks. He went to the efficiency where he used to live, his cousin was there, and she brought him here[facility]". A review of the facility Elopement Policy and Procedures revealed sections of the policy that read, " The risk of and elopement increases when residents are mobile and , especially if they suffer from or . All new residents with any type of or depressed affect will be considered at increased risk during this time frame. Review of the facility records showed resident was admitted to the facility on , with diagnosis of , poor insights and	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965493	A. BUILDING: _____ B. WING _____	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIDA HOME, LLC	415 EAST 39 STREET HIALEAH, FL 33013

(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 025	Continued From page 4 judgment . Resident also identified as being mobile. Further review of the record showed no documentation Resident #1 was assessed for elopement risk at the time of admission. On at 8:00 AM the Owner stated, "he [Resident #1] did not ask the doctors office staff if they had called me, he just sat to wait for me. I had told him not to leave without me. It is true that he has , and he is , but I trusted the staff at the doctor's office." Class III	A 025		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number;	A 054		

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
	AL11965493	A. BUILDING: _____ B. WING _____	01/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIDA HOME, LLC	415 EAST 39 STREET HIALEAH, FL 33013

(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 054	Continued From page 5 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical . . . . . , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have the health care provider's name and phone number for one out of five sampled residents (# 1). Findings included: A review of medication observation records (MOR) revealed that Resident # 1's MOR had no name and phone number of the primary health care provider. On . . . . . at 8:18 AM the Owner stated that he would write it down and that he would tell the pharmacy to do it. Class III	A 054		