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
	AL11932401	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA RIO VISTA	1115 SE 6TH TERRACE FORT LAUDERDALE, FL 33316

(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 An Assisted Living Facility standard biennial licensure survey was conducted on [redacted]. Villa Rio Vista, had licensure deficiencies found at the time of the visit.	A 000		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their [redacted] or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the [redacted] or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or 6. The facility ' s rules and regulations require	A 055		

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A 055	Continued From page 1 central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C. (b) Centrally stored medications must be: 1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and 4. Kept separately from the medications of other residents and properly closed or sealed. (c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider. (d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s	A 055		

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A 055	Continued From page 2 medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e). (e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observations and interview, the facility failed to ensure that centrally stored medications were secure . The findings include: During the tour of the facility on [redacted] at 9:15 AM, there was a paper bag observed to contain medication Ultracare NS 1 ML left unattended on the medication cart in the dining [redacted] There were three residents sitting in the dining [redacted] could not tell where the staff member was. Further observation revealed the MOR was also left unattended in the dining [redacted] no staff member in sight. An interview was conducted with the Director of Nursing on [redacted] at 9:37 AM she stated she stepped out of the dining [redacted] Class III	A 055		

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A 078	Continued From page 3	A 078		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable [illegible] including [illegible] Freedom from [illegible], must be documented on an annual basis. A person with a positive [illegible] test must submit a health care provider ' s statement that the person does not constitute a risk of communicating [illegible] Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable [illegible], he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the	A 078		

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A 078	Continued From page 4 facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 out of 4 sampled employee records contained current documentation of freedom from by a health care provider, as required (Employee #1, #2 and #3). The findings include: Review of Employee #1, #2 and #3's personnel records revealed the files lacked current documentation of freedom from by a health care provider on an annual basis, as required. The documentation of freedom from signed by a physician was dated for Employee #2 and for Employee #3. There was no documentation of a test for Employee #1. An interview was conducted with the Administrator on at 11:29 AM, she stated no further documentation was available for review. Class III	A 078		
A 081 SS=D	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility	A 081		

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A 081	Continued From page 5 administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident [illegible], neglect, and [illegible]. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily	A 081		

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A 081	Continued From page 6 living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based upon record review and interview, it was determined that the facility failed to provide documentation that 4 out of 4 sampled employees received in-service training regarding the facility's resident elopement policy and procedures (Resident #1, #2, #3 and #4). The findings include: A review of the personnel files for Employees #1, #2, #3 and #4, revealed that the files lacked documentation of the required in-service training pertaining to the facility's elopement policy and procedures. An interview was conducted with the facility's Administrator at 1:10 PM on , aforementioned was confirmed. It was revealed no further documentation was available for review.	A 081		

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A 081	Continued From page 7 Class III	A 081		
A 082 SS=D	58A-5.0191(3) FAC Training - (3) Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12) of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure that all employees had received training on and for 2 out of 4 sampled employees (Employee #1 and #3). The findings include: Review of Employee #1 and #3's files, revealed the files lacked documentation indicating the employees had received a one-time training in-service on and within 30 days of employment. An interview with the Administrator at 1:10 PM on revealed the employees have been employed at the facility more than 30 days and had not obtained the required training.	A 082		

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A 082	Continued From page 8 Class III	A 082		
A 090 SS=D	58A-5.0191(11) FAC Training - Do Not [redacted] Orders (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding [redacted] within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding [redacted] within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, the facility failed to provide documentation that all employees had received at least one hour of training in the facility's policies and procedures regarding [redacted] for 4 out of 4 sampled employee records (Employee #1, #2, #3 and #4). The findings include: Interview with the Administrator on [redacted] at approximately 10:30 AM, revealed Employee #1, #2, #3 and #4 have all been employed with the facility over 30 days. Review of the personnel	A 090		

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A 090	Continued From page 9 records for Employee #1 #2, #3 and #4, revealed the files lacked documentation indicating the employees received at least one hour of training in the facility's policies and procedures regarding . within 30 days of employment, as required. During an interview with the Administrator at 12:00 PM on aforementioned was confirmed. Class III	A 090		
A 092 SS=D	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets. (d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based upon observation, it was determined that the facility failed to ensure that food service was performed in a safe and sanitary manner.	A 092		

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A 092	Continued From page 10 The findings include: a) Two cans of expired sauerkraut on the pantry shelves, one dented can of chick peas was also observed on the pantry shelves. b) Freezer A&B was observed to be dirty. c) Container with serving utensils in the pantry was observed to have a thick layer of dirt and sludge. d) An opened container of water was found stored next to the clean glasses; an opened bottled of Gator Aid was found in the refrigerator. e) Three used plastic shower caps were observed hanging from the railing of the clean dish racks. The shower caps were observed to be in direct contact with the clean dishes. f) Three staff members were observed in the kitchen without hairnets while the meals were being served. g) Four baking tins and three frying pans were observed to be extremely blackened and excessively worn on the interior. h) Observation of the lunch meal on revealed the cook touched the garbage can lid and then washed her hands without soap over the food prep sink and not at the hand washing sink. Class III	A 092		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural,	A 152		

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A 152	Continued From page 11 mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident [redacted] sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident [redacted] to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be [redacted] This Statute or Rule is not met as evidenced by: Based upon observation and interview, it was determined that the facility failed to provide a safe and decent living environment for its residents to reside in.	A 152		

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A 152	Continued From page 12 The findings include: Tour of the facility on . . . at 9:15 AM revealed the following: 1) Vacant . . . . . no tissue roll pin, cabinet water damage noted throughout. 2) . . . idents have plastic drinking cup, sink rusted, vanity water damage, handle bar in shower rusted, tile cracked along wall below window. 3) . . . . . vanity falling apart, handle bar rusted, toilet paper holder pin missing, 2 bulbs out. 5) . . . . . ttress falling apart and detoriating. 6) . . . . . ndle for shower had . . . . off/broke. Class III	A 152		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Villa Rio Vista
1115 SE 6th Terrace
Fort Lauderdale, FL 33316

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives from this office. Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

Headquarters
2727 Mahan Drive
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