STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967009	07/24/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vereda Nueva	12412 Sw 215 Lane Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey of your Assisted Living Facility was conducted on . Vereda Nueva had the following deficiencies identified.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview facility failed to obtain a complete health assessment for 2 out of 2 sampled residents (#1 and #4).

Findings include:

1. Record review for resident #1 (admitted on - -) revealed the health assessment for the resident did not include the list of current medications prescribed to her.

2. Record review for resident #4 (admitted on) revealed that the health assessment for the resident did not include the list of current medications prescribed as well as the resident's ability to perform activities of daily living (Adls).

Administrator acknowledged the findings on at 2:00 pm

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview facility's staff (#3) failed to follow appropriate procedure when assisted resident 4 out of 5 sampled residents (#1, #2, #4 and #5) with their self-administration of their medications.

Findings include:

1. Observation on at 8:20 a.m. revealed that staff #3 did not wash her hands prior assisting resident #4 with her self-administration of her medications. Furthermore, staff did not verbally prompted resident to take medications as directed and did not mark the Medication Observation Record (MOR).
2. Observation on at 8:26 a.m. revealed that staff #3 did not wash her hands prior assisting resident #5 with his self-administration of his medications. Staff placed a.m. medications belonged to resident #5 on a dining table next to table that resident was sitting. Staff placed medications from to a plastic cup and approached resident that was sitting in another table having breakfast. Staff told Resident #5 "here are your pills'. Staff did not verbally prompted resident to take medications as directed. Staff walked away in the kitchen without observing

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resident taking his medications. Staff #3 did not mark the MOR

3 Observation on at 8:38 a.m. revealed that staff #3 did not wash her hands prior assisting resident #1 with herself administration of her medications. Staff placed a.m. medications belonged to resident #1 on a dining table. Resident was in her dressed at that time. Staff placed medications from to a plastic cup and walked to # where resident #1 was getting dressed at the time Staff pointed the cup to resident and told her "here are your a.m. pills. Staff did not verbally prompted resident to take medications as directed and did not mark the MOR.

4. Observation on at 8:48 a.m. revealed that staff #3 did not wash her hands prior assisting resident #2 with his self-administration of his medications. Staff placed a.m. medications belonged to resident #2 on a dining table. Resident was in his that time. Staff placed medications from to a plastic cup and walked to # where resident #2 was watching television at the time. Staff #3 pointed the cup to resident and told him " here is your morning pills. Staff did not verbally prompted resident to take medications as directed and did not mar the MOR.

Administrator acknowledged the finding on at 2:00 pm

Class III

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

Based on observation and interview facility failed to have medications locked at all times.

Findings include:

Observation on at 8:00 a.m. revealed that Restatis eye drops that belonged to resident #1 and Falcon eye drops that belonged to resident #4 found to be unlocked in the facility's refrigerator.

Administrator acknowledged the findings on at 2:00 pm

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on observation, record review and interview the facility failed to provide a current work schedule which reflects the facility's 24 hour staffing pattern for a given time period.

The findings include:

Observation on at 7:50 a.m. revealed there were five residents in the facility. Staff #3 was the only staff on premises at the time of observation.
Record review revealed that there were no work schedule which reflects the facility's 24 hour staffing pattern for a given time period.

Interview conducted with the facility administrator on at approximately 2:30 PM stated that the facility

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did not maintain written work schedule that reflect the 24 hour staffing pattern.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Vereda Nueva
12412 Sw 215 Lane
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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 days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after 9/27/2013 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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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