STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966346	11/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
West Vista Del Lago, Inc	1077 Waterside Circle Fort Lauderdale, FL 33327	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Assisted Living Facility Relicensure survey was conducted on at West Vista Del Lago. The facility had deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review, observation and interview, the assisted living facility failed to ensure that a medication observation record (MOR) was properly maintained for 1 out of 2 (Resident #2) current residents who receives assistance with self-administration of medication.

The Findings Include:

On a review of Resident #2's Medication Observation Record (MOR) for the month of 2013 revealed that the following medications had not been documented on the MOR since

a) Simvastin 40 MG tablet 1 tablet by mouth at bedtime
b) D 1000 unit tablet 1 tablet by mouth daily
c) Vesicare 5 MG tablet 1 tablet by mouth daily
d) 40 MG Tablet 1 tablet by mouth daily
e) 1000 MCG tablet 1 tablet by mouth daily
f) 0.1 MG Tablet 1 tablet by mouth daily
g) 1 MG Tablet 1 tablet by mouth daily
h) 81 MG Tablet DR 1 tablet by mouth daily
i) 60 MG Tablet 1 tablet by mouth daily
j) B-6 25 MG Tablet 1 tablet by mouth daily

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k) ..... 70 MG tablet 1 tab once weekly on empty stomach with 8 OZ water wait 30 min before taking other meds or food or lying down

In an observation conducted on at approximately 12:00 PM , the Administrator was observed assisting Resident #2 with self administration of medications, and failed to update the MOR after the medication was administered.

In an interview conducted on ..... at 12:50 PM , with the Administrator she confirmed the findings.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, the assisted living facility failed to ensure that 1 out of 3 (Staff B) current staff members have the required in-service training within 30 days of employment.

The Findings Include:

Record review of Staff B's personnel record, whose date of hire was revealed that staff B did not have any documentation of having the following 1 hour in-services training within 30 days.

a) Incident Reporting
b) Emergency Preparedness and Evacuation
c) Elopement Response
d) Recognizing and reporting neglect and

During an interview with the Administrator on ..... at approximately 12:00 PM, she stated Staff B works the 11:00 PM- 7 :00 AM shift alone and provides the residents with assistance and oversight of their activities of daily living.

In an interview with Staff B on at approximately 2:50 PM, she stated she has been working at the facility for 15 months. She stated she works alone at the facility on the 11:00 PM - 7:00 AM, shift dresses the residents, bathes the residents, and cleans the facility.

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In an interview with the Administrator on at approximately 3:00 PM, she reviewed the record and acknowledged the findings.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to provide valid documentation of the required First Aid training for 1 out of 3 sampled employees (Employee B).

The Findings Include:

Record review of Staff B's personnel record, whose date of hire was , lacked any documentation that staff B completed the required First Aid course.

In an interview with the Administrator on at approximately 12:00 PM, she stated Staff B works the 11:00 PM- 7 :00 AM shift alone, and provides the residents with assistance and oversight of their activities of daily living.

In an interview with Staff B on at approximately 2:50 PM, she stated she has been working at the facility for 15 months. She stated she works alone at the facility on the 11:00 PM - 7:00 AM shift. Staff B revealed she dresses the residents, bathes the residents, and cleans the facility.

In an interview with the Administrator on at approximately 3:00 PM, she reviewed the record and acknowledged the findings.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview, the assisted living facility failed to ensure that 1 out of 3 (Staff B) current staff members have the required training within 30 days of employment.

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The Findings include:

Record review of Staff B's personnel record, whose date of hire was , lacked any documentation that Staff B completed training.

In an interview with the Administrator on at approximately 12:00 PM, she stated Staff B works the 11:00 PM- 7 :00 AM shift alone. It was revealed Staff B provides the residents with assistance and oversight of their activities of daily living.

In an interview with Staff B on at approximately 2:50 PM, she stated she has been working at the facility for 15 months. She stated she works alone at the facility on the 11:00 PM - 7:00 AM shift. Staff B revealed she dresses the residents, bathes the residents, and cleans the facility. She also stated that she did not know what was.

In an interview with the Administrator on at approximately 3:00 PM, she reviewed the record and acknowledged the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
West Vista Del Lago, Inc
1077 Waterside Circle
Fort Lauderdale, FL 33327

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2013 by a representative from 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 **2014** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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