STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932401	01/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Rio Vista	1115 Se 6th Terrace Fort Lauderdale, FL 33316	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments
A Complaint investigation (CCR#2014000130) was conducted on . . . at Villa Rio Vista. Deficiencies were identified at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interview and record review, it was determined the Assisted Living Facility failed to honor the resident's right to a 45 day discharge notice (Resident #1).

The findings include:

On 01. . . . Resident #1 was discharged from the assisted living facility to [hospital name] emergency . . . . . 5:49 PM. The resident was seen in the emergency . . . . The emergency . . . . I stated the resident was medically stable for discharge back to her ALF via- non emergency transport. The resident was transported back to the assisted living facility on . . . . . at 6:56 PM. The facility refused to accept the resident back. The resident was transferred back to the emergency . . . The emergency . . . notified social services department. The resident was later transferred back to the assisted living facility . . . . . at 8:33 PM.

A review of the an email dated . . . from the hospital's Emergency . . . . . and Social Services department revealed that the nurse had contacted the ALF and was informed the ALF would not accept the resident back because her check had bounced.

Record review found that the facility gave the resident a forty-five day notice, which the Administrator and her designee signed on the . . . The resident signed the forty-five day notice but no date is documented on the notice.

During an interview with the assisted living facility designee on . . . . . at 4:00 PM, he stated the facility did not accept the resident back because the hospital did not send any discharge papers. The resident was admitted back to the facility the second time without discharge papers.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

Dear Administrator:

Re: CCR #2014000130

This letter reports the findings of a complaint survey that was conducted on 2014 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 (30) 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,

L. Wedgs-Rivers, Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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