STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932401	06/25/2014
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 - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures 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(3) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation Survey (CCR#2014003865) was conducted on at Villa Rio Vista. The facility had deficiencies found at the time of the visit.

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

Based on record review and interview, the assisted living facility failed to ensure 1 out of 6 (Resident #6) sampled residents had a completed health assessment {AHCA Form 1823}.

The findings include:

1) Record review of Resident #6's health assessment revealed it was dated . Record review found the health care practitioner failed to indicate if the type of help Resident #6 required with her medications.

2) In an interview with Staff A on at approximately 1:59 PM, she stated that all residents at the facility receive assistance with self-administration of medication.

In an interview with Staff A on at approximately 2:49 PM, she confirmed that resident #6 receives assistance with self-administration of medication.

In a phone interview with the facility manager on at approximately 3:08 PM, he acknowledged the findings.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on observation, record review and interview, the assisted living facility failed to ensure appropriate supervision was available to meet the needs of all residents.

The findings include:

1) Observations on from approximately 1:10 PM to approximately 3:10 PM, found the Administrator was not present at the facility.

Observations on at approximately 1:10 PM found Staff A on the phone in the office. Observations found

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she notified the manager about the survey.

Observations on . . . . at approximately 1:35 PM found the only direct care Staff working in the facility was Staff A, Staff B, and Staff C.

Observations with Staff A on . . . . at approximately 1:38 PM found Resident#1 calling out for assistance.

Observations on . . . . at approximately 1:55 PM found the manager arrived to the facility.

Observations on . . at approximately 3:05 PM found the manager left the facility.

2) Record review of the facility Staff ing schedule revealed Staff E was scheduled to be at the facility on . from 7 AM to 8 PM {Staff E was not at the facility}. Record review found the other direct care Staff that were scheduled to be at the facility during the day on . . . . were Staff A, Staff B, and Staff C. Record review found the manager was scheduled to be at the facility on . . from 8 AM to 4 PM.

Record review of the facility Staff ing schedule for . . to . . revealed Staff B was scheduled to work 58 hours, Staff C was scheduled to work 72 hours, Staff D was scheduled to work 51 hours, and Staff E was scheduled to work 56 hours.

Record review of the facility's census log revealed the facility had 34 residents on .

3) In an interview with Staff A on at approximately 1:10 PM, she stated the current census of the facility is 33 residents.

In an interview with Resident#2 on . . at approximately 1:46 PM, she stated the facility needs more Staff because they have to wait a long time to go to the dining . . . . She stated they can use more help, at night, especially. She stated she has to get back to her . . . meals for . . . treatment and sometimes it takes them a while. She stated it is not a huge problem but she would benefit from more Staff .

In an interview with Resident#3 on . . at approximately 1:55 PM, she stated they need more Staff at the facility. She stated sometimes the Staff have to work extra shifts. She stated she is not sure if other residents are effected by the lack of Staff but it does not effect her personally.

In an interview with Resident#4 on . . at approximately 2:01 PM, she stated some of the Staff are overworked. She stated Staff A works very hard and so does Staff C. She stated that is probably why Staff C "gets grouchy".

In an interview with Staff B on . . . at approximately 2:40 PM, she stated she sometimes has to work overtime.

In an interview with the manager on at approximately 2:59 PM, he stated he is aware that some of the Staff work more than 70 hours a week when they work weekends. He stated his mother is the Administrator and she comes about four times a week. He stated she is . He stated Staff A, Staff B, and Staff C are at the facility today. He stated Staff E was on the schedule but called out.

In an interview with Staff C on . . . . at approximately 3:05 PM, she stated she has to work a little more than 40 hours per week.

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Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interview the assisted living facility failed to limit the use of physical . to half-bed rails and failed to obtain the consent of the Resident or the Residents' representative prior to the use of bed rails for 1 of 6 (Resident #1) sampled residents.

The findings include:

1) Observations on at approximately 1:38 PM found Resident #1 calling for assistance to Staff A. Observations found Resident #1 requested that Staff A raise his bed rail for him. Observations found Staff A raised Resident #1's bed rail. Observations found the bed rail was a full bed rail.

2) Record review found Resident #1 was admitted in of 2011. Record review found a bed rail order dated in which the physician failed to indicate the type of bed rail. Record review lacked a Resident#1's consent for bed rail use.

3) In an interview with Staff A on at approximately 1:39 PM, she stated Resident#1 is not on hospice. She stated she does have an order for the bed rail.

In an interview with Staff A on at approximately 2:55 PM, she confirmed that Resident #1 is not on hospice. She stated she has orders for his bed rails dating back to 2012. She stated she was unable to locate a consent for the bed rails.

In a phone interview with the manager on at approximately 3:08 PM, he acknowledged the findings.

Class III

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

Based on observation and interview, the assisted living facility failed to ensure unlicensed Staff do not assist with activities detailed in Section 429.256(4). The facility failed to ensure unlicensed Staff do not assist with treatments for 1 out of 6 (Resident #2) sampled residents.

The findings include:

1) Observations on at approximately 1:45 PM, found two beds in Observations found a and an concentrator in the Observations found Resident #2 resided in

2) In an interview with Staff A on at approximately 1:17 PM, she stated she is the only licensed nurse that works at the facility.

In an interview with Staff B on at approximately 2:40 PM, she stated she assists Resident #2 with her concentrator. She stated she "selects 1 or 2 for her" and takes off and cleans the cannula. She stated she is not a nurse.

In an interview with Resident #2 on at approximately 1:46 PM, she stated she has been at the facility

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since of 2014. She stated she manages her concentrator herself but if it needs water or any of the get mixed up, the Staff will assist her. She stated she will ask for assistance with her if she cannot get it in the proper place. She stated she presses the buzzer and one of the aides will help her. She stated Staff A, Staff B, Staff C, and Staff D all help her with it. She stated she uses her three times a day. She stated her medications are kept in the dining {with the facility}.

In an interview with Staff A on at approximately 2:52 PM, she stated Resident #2 self-administers her . She stated she does her by herself; unless there is an issue. She stated an aide {unlicensed staff} would assist with the concentrator if there is a problem with the tubing. She stated sometimes the tubes get unplugged and Resident #2 does not realize it. She stated the aides have to plug it back in for her. She stated if she is not at the facility, the aides will also fill the concentrator with water.

In an interview with Staff A on at approximately 2:57 PM, she stated the medication for Resident #2's is centrally stored. She stated when it is time for Resident #2 to self-administer her , she or a medtech {unlicensed staff} bring it to her.

In an interview with Staff C on at approximately 3:05 PM, she stated she gives Resident #2 the vile for her when it is needed. She stated Resident #2 then self-administers her . She stated she does put water for her in the concentrator. She stated she gives out medications but is not a nurse.

In a phone interview with the manager on at approximately 3:08 PM, he acknowledged the findings.

Class III

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

Based on observations and interview, the assisted living facility failed to keep all prescription medications locked up at all times.

The findings include:

1) Observations on at approximately 1:45 PM found had two beds in the . Observations found Resident #2 was present in the . Observations found a box full of treatment} on the dresser in the .

2) In an interview with Resident #2 on at approximately 1:46 PM, she stated she has a and identified her as Resident #6. She stated she used the on the counter for her .

In an interview with staff A on at approximately 1:59 PM, she stated all the residents at the facility receive assistance with self-administration of medication.

In an interview with Staff A on at approximately 2:48 PM, she stated that resident #6 is the of Resident #2. She stated Resident #6 receives assistance with self-administration of medication.

In an interview with Staff A on at approximately 2:57 PM, she stated there might be some in Resident #2's her daughter just brought her.

In a phone interview with the facility manager on at approximately 3:08 PM, he acknowledged the

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findings.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, record review, and interview, the assisted living facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period.

The findings include:

1) Observations on . . . . at approximately 1:10 PM found Staff A on the phone in the office.

Observations on . . . from approximately 1:10 PM to approximately 3:10 PM found the only direct care Staff working in the facility was Staff A, Staff B, and Staff C. Observations found Staff E was not at the facility.

2) Record review of the facility Staffing schedule revealed Staff E was scheduled to be at the facility on . . . . from 7 AM to 8 PM {Staff E was not at the facility}. Record review found the other direct care Staff that were scheduled to be at the facility during the day on . . were Staff A {from 8 AM to 3 PM}, Staff B {from 7 AM to 8 PM}, and Staff C { from 12 PM to 8 PM}.

3) In an interview with Staff A on . . . at approximately 1:26 PM, she stated she noted that Staff B, Staff C, and herself were the only direct care Staff currently present at the facility. She stated the manager is not a direct care Staff . She stated Staff E is out and Staff B will work the afternoon for her. She stated Staff B was scheduled to work until 3 PM and the schedule was a typo. She stated Staff B is now working until 8 PM.

In a phone interview with the facility manager on . . at approximately 3:08 PM, he acknowledged the findings and stated he did not agree that the pattern was off. He stated that Staff E called out and he did not have a chance to update the schedule because of the survey {Staff E was scheduled to arrive for work at 7 AM while the survey did not begin until after 1 PM}.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

RE: CCR #2014003865

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 2014 by a representative 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 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,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-354
XG90

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