STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965493	06/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vida Home, Llc	415 East 39 Street Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership (CHOW) was conducted on , 2014. Vida Home LLC had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the provider failed to ensure 1 out of 3 sampled staff have documentation of being free from communicble including .

Findings include:

Record review of staff C's personnel file revealed there was no documentation of a written statement from a healthcare provider indicating that staff C does not have any signs or symptoms of communicable . Further review revealed no documentation of the date of hire of staff C.

On , 2014 at 12:06 PM, staff C stated her date of hire is , 2014. The administrator reviewed staff C's personnel file and acknowledged they did not have a written statement from a healthcare provider documenting that staff C does not have any signs or symptoms of communicable .

Class III

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

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

Findings include:

Observation conducted on , 2014 at approximately 10:30 AM, revealed staff C rubbing a medicated cream onto the ankles of resident #1.

A review of the staffing schedule for 2014 revealed staff C was not listed on the written work schedule.

On , 2014 at 12:06 PM, staff C stated her date of hire is , 2014. On , 2014 at 12:08 PM, the administrator reviewed the staffing schedule for 2014 and acknowledged staff C was not listed.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965493	06/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vida Home, Llc	415 East 39 Street Hialeah, FL 33013	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record review and interview, the provider failed to ensure 1 out of 3 staff (C) training documentation for Assistance with Self Administration of Medication included the title of the training program, the training provider's name, and dated signature.

Findings include:

Record review of staff C's personnel file revealed training certificate for Assistance with Self Administration of Medication did not include the title of the training program, the training provider's name, and a dated signature.

Observation conducted on , 2014 at approximately 10:30 AM, revealed staff C rubbing a medicated cream onto the ankles of resident #1.

On , 2014 at 11:56 AM, the administrator reviewed staff C's personnel file and acknowledged staff C's training documentation for Assistance with Self Administration of Medication did not include the title of the training program, the training provider's name, and dated signature.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Vida Home, Llc
415 East 39 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a change of ownership survey that was conducted on , 2014 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 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 at 305-593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:
Enclosure
XG90

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