STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965493	08/18/2014
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 - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (2014008047) survey began on and ended on . Vida Home, LLC had a deficiency identified during the survey.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on observation, interview, and record review, the facility failed to ensure that the manager passed the CORE competency exam within 90 days of employment.

Findings include:

Observation upon arrival to the facility on at 8:35 am revealed staff B (the facility's manager) was present at the time of arrival. The facility's listed administrator was not present.

Review of staff B's training file revealed he had taken the CORE education. However, review of a list of persons having passed the CORE exam revealed he had not done so.

Interview with staff B on at 10:56 am revealed he confirmed that he was not the administrator. He stated that he had recently taken the CORE exam but had not passed it. He also confirmed that the administrator was the administrator of another assisted living facility.

Review on the Florida Health Finder website revealed the administrator was listed as administrator at another facility as well as at Vida Home, LLC.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: CCR #2014008047

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was concluded 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 Verlande Exil, Health Facility Evaluator Supervisor at (305)593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com