STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965493	09/30/2014
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)		

Revisit Repeat Tags:
0077-Staffing Standards - Administrators-58a-5.019(1) Fac

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (2014008047) survey revisit was conducted on 09-30-14. Vida Home, LLC had a deficiency identified at the time of the visit.

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

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

Findings included:

Reviewed the Florida Health Finder website and found the current administrator was listed as the administrator at the facility. Record review found the administrator failed the CORE competency exam on - . The facility's administrator was hired on / .

On - at 12: 30 pm the administrator stated that he had recently taken the CORE exam but had not passed it. He also confirmed that the facility did not have an administrator who pass the CORE exam.

Uncorrected Deficiency
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 Complaint Investigation revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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