STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968015	12/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vista Alegre	6800 Sw 130 Ave Miami, FL 33183	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0181 - 58a-5.026(2) Fac - Emergency Mgmt - Plan Approval S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . Vista Alegre had the following deficiencies at the time the survey:

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

Based on record review and interview the facility failed to have a completed health assessment for 1 out of 2 (#3) sampled residents within 30 days of admission.

Findings as followed:

Record review found the facility did not have a completed health assessment for resident #3 who was admitted on .

On at 11:00 a.m. the facility's administrator acknowledged the facility did not have a completed health assessment for resident #3.

Class III

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

Based on record review and interview the facility failed to evidence of a negative examination on annual basis for 1 of 3 (staff C) facility staff.

Findings as followed:

Record review showed the facility failed to have evidence of a negative examination on annual basis for staff C. Record review showed the last freedom from statement for staff C was dated .

On at 11:00 a.m. the facility's administrator acknowledged the facility failed to have evidence of a negative examination on annual basis for staff C.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the facility failed to have documentation of the appointment of a health care proxy, guardian, or the power of attorney for 2 of 2 (#3 and #5) facility residents.

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Findings as followed:

Record review showed the contracts and inform consents to assist with self administration of medications for residents #3 (admitted on /) and #5 (admitted on) were signed by family members. The facility did not have documentation of the appointment of a health care proxy, guardian, or the power of attorney for residents #3 and #5.

On at 11:00 a.m. the facility's administrator acknowledged the facility failed to have documentation of the appointment of a health care proxy, guardian or the power of attorney for residents #3 and #5.

Class III

0181-Emergency Mgmt - Plan Approval 58A-5.026(2) FAC

Based on record review and interview the facility failed to review the facility's emergency plan on annual basis.

Findings as followed:

Record review documented the facility last emergency management plan approval, available for review, was dated . The facility did not have any evidence that the plan was reviewed on an annual basis.

On at 11:00 a.m. the facility administrator acknowledged the plan was not reviewed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Vista Alegre
6800 Sw 130 Ave
Miami, FL 33183

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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 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