STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963925	01/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nueva Vida Corporation	13361 Sw 53 Street Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

Medicaid Program Integrity (MPI) and Health Quality Assurance (HQA) conducted a monitoring visit on / / Nueva Vida Corporation had the following deficiencies:

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interview the facility failed to encourage the residents to participate in social, recreational, educational and other activities within the facility.

Findings included:

Observation on / at 2:45 p.m. showed that the facility's activities calendar posted on the board and scheduled activities 2:00 p.m. to 4:00 p.m. were puzzles and music.

Further observation on / from 2:45 p.m. to 4:04 p.m. found three residents watching television and other the residents were seating there. Staff did not ask or encourage residents to participate in any activity.

Confidential interview on / at 3:01 PM revealed the facility do not offer any activities. Facility does not have space to do anything.

Confidential interview on at 3:16 PM revealed "I don't do any activities here. Facility never offers me any kind of activities but I would like to do something."

During an interview on / at 4:15 PM, the Administrator stated " conditions are not created for activities."

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview 1 out of 2 resident records (#1) did not contain a resident

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contract with the facility executed at or prior to admission.

Finding included:

Record review on showed that for Resident #1 admitted on . Resident #1's contract (dated /) was not signed by the resident.

During an interview on / at 3:10 PM, the Administrator acknowledged that in-fact the facility had not executed and enter into a contract with resident #1 (contract is not signed by resident). Furthermore he stated " resident's family has to come to sign the contract "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Nueva Vida Corporation
13361 Sw 53 Street
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a Monitoring survey that was conducted on , 2015 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