STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968484	01/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Buena Vista Health Care Corp	4230 Nw 196 Street Miami Gardens, FL 33054	
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 - 0054 - 58a-5.0185(5) Fac - Medication - Records 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 - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial was conducted on - . Buena Vista Health Care Corp the following deficiencies were found at the time of the visit.

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

Based on observation, record review and interview facility failed to an health assessment completed by a licensed physician instead the administrator had filled out the health assessment a one out of the three sampled resident.

Findings included:

Record review of resident #1's chart, showed the resident's health assessment was still blank because the resident was just admitted on ,2015. At time of review, the , the administrator took the health assessment and starting filling it out in tront of the surveyor. The administrator was advised that the health assessment was for a physician to complete the face to face examination with a resident within a 30 day period after being admitted to a facility. A copy of the health assessment was taken and has been placed in the AHCA file as evidence.

Interview with administrator/owner on at 2 pm, confirmed that resident #1 was a new resident and had filled on the entire health assessment without the resident ever seeing a licensed physician. Administrator also stated that the health assessment information was on resident #1's last assessment from the assisted living facility she was transferred from, but that information was not found at that time during the survey.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to follow the directions on the medication order as well as ensure the medication observation record for one out of three sampled residents.

Findings included:

Record review of the MOR showed resident #1's medication 5 MG tab was not being recorded at the scheduled times of 12:30 PM and 7 PM. Review of the MOR on - revealed the staff assisting the resident

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with her medications at those scheduled times ordered were not on the medication record dated - The time slots not marked for when 12:30 PM and 7PM were blank, the only area marked was for 8AM. Photos were taken as evidence.

Interview with the administrator/owner on at 11:00 AM, he confirmed the findings in regards to the medication administration record was not completed in the order in which a medication was ordered for 2 out of the 3 timeframes on the medication bubble sheet. He stated it was his fault that the pharmacy was not notified of the mistake which was not on the prescription sheet.

Class III

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

Based on record review and interview facility failed to have 1 out of 3 sampled employees to have an documentation of a negative on an annual basis. .

Findings includes;

Record review showed employee A. (administrator started on) last negative was dated on .

Interview with the administrator on at 2 pm, he confirmed that he did not have his an up to date negative statement.

Class III

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

Based on record review and interview facility failed to have one out three sampled did not a contract signed at the time of admission to the facility as well as one out of three sampled residents failed to have any demographic information, admission weights and a signed inform consent informing the resident unlicensed staff may assist with self-administration of medication.

Findings included:

Record review showed that resident #3 (admitted on) contract was not signed either by her nor a Power of Attorney, Surrogate, Proxy or Guardian at the time of the admission.

Review of the resident #1's (admitted on) file showed the resident did not have a completed demographic sheet, no weights at admission and did not have a signed informed consent form.

Interview with the administrator on at 11:00 am, he confirmed resident #3 did not have a sign power of

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attorney and resident #1 did not have demographic sheet, no weights at admission and did not have a signed informed consent form.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview facility failed to have 1out 3 sampled did not her contract signed and dated at the time of admission to the facility.

Findings included:

Record review revealed that resident #3 was admitted on |- and her contract with the facility was not signed either by her nor a POA, Surrogate, Proxy or Gaurdian at the time of the admission. The only signature and date on the contract was the adminiistrator dated on |- .

Interview with the administrator on |- at 11:00am, he confirmed the findings in regards that resident #3 was admitted on |- and her contract had not been signed by herself or any other responsible party.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Buena Vista Health Care Corp
4230 Nw 196 Street
Miami Gardens, FL 33054

Dear Administrator:

This letter reports the findings of a standard biennial 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davsi, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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