STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966894	02/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Westview Pleasant Living, Inc	2140 Nw 126 Street Miami, FL 33167	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0077 - 429.176 Fs; 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on , 2015. The following deficiencies were found at time of the survey:

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to have a completed health assessment for 1 out of 6 (#6) sampled residents.

Findings included:

Record review found that the facility did not have a completed health assessment for Resident #6. The most recent health assessment (dated) did not document if resident needs assistance with medication and the type of medication assistance he needs.

Interview on at 3:45 PM with the Administrator after review of the health assessment acknowledged it was not completed.

Class III

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

Based on observations and interviews the facility failed to provide scheduled activities to the residents.

Findings included:

On from 10 AM to noon found Residents #1 and 3 were watching television. Residents #2 and 4 were observed in their lying in bed. The facility's activities calendar posted on the wall

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was for the month of 2015. The calendar was not found posted. There were no activities observed through out the survey.

Interview on at 3:45 PM the Administrator acknowledged that the current calendar was not posted and no activities were done with the residents through out the survey.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review, and interview the facility failed to have a written order from a physician for half bed rails, who shall review the order annually for 1 out of 6 sampled residents (#5).

Findings included:

On at 8:50 AM during tour of # /4 found half rails on Resident #5's bed.

Record review of Resident's #5's file contained a signed consent dated . The half bed rail order was dated / and expired on / . There was no documentation of an current order for bed rail in resident s records.

Interview on at 3:45 PM the Administrator confirmed the facility did not have the current orders for Resident #5 s half bed rails.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview facility's staff did not follow appropriate procedures when assisting with self administration of medications for 2 out of 6 sampled residents (#3 and 4).

Findings included:

On at 12:10 PM Staff B was observed giving medication to Residents #3 and 4. Staff B unlocked the medication cabinet and did not review the medication book. She did not prompt the residents. Residents were not told what medications they were taking and what it was for.

On at 3:45 PM the Administrator stated, "She would review the procedure with Staff B."

Class III

0077-Staffing Standards - Administrators 429.176 FS; 58A-5.019(1) FAC

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Based on record review and interview the facility failed to have proof of the Administrator high school diploma or G.E.D.

Findings included:

Record review of the Administrator file did not contain a high school diploma or GED.

Interview on at 3:50 PM the Administrator stated, "No one has asked me that before. I have my CPA. They would not give it to me without a high school diploma. My diploma is in Jamaica. It will take a while for me to get it."

Class III

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

Based on record review and interview the facility failed to ensure qualified staff submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable and have proof of a negative examination documented on an annual basis for 1 out of 3 (#B) sampled staff members.

Findings included:

On the facility's staff schedule for 2015 showed Staff B worked Monday through Friday from 7:00 AM to 3:00 PM. On Sunday she works 11:00 AM to 7:00 PM.

Record review conducted on showed Staff B (hired) did not have documentation verifying documentation of communicable or proof of annual results.

Interview on at 3:30 PM the Administrator acknowledged Staff B did not have a current physical.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, record review, and interview the facility failed to menu dated and planned at least one week in advance. The facility failed to note meal substitutions before or when the meal is served.

Findings included:

Observation on at 8:50 AM found the menu posted on the refrigerator was dated for the week of to .

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Observation on at 12:00 PM of lunch the menu posted for Cycle 1 dated / to / for Thursday had listed Soup of the day, chicken , on , tomatoes, fresh fruit and fruit juice. The residents were served ham sandwiches, chicken soup, fruit cocktail and a cup of juice. The substitutions were not documented before serving the lunch menu.

Interview on at 3:45 PM the Administrator acknowledged the current menu was not posted and substitutions were not noted on the menu.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observations and interview facility failed to maintain a free and clean environment for residents.

Findings included:

Observations on at 8:50 AM during the tour of the facility found # /2 had three holes in the wall next to the door. # /4 had a chair with holes in the back.

Interview on at 3:50 PM the Administrator stated, "She would repair the damage and get rid of the chair."

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on observation, record review, and interview the facility failed to maintain the admission and discharge log.

Findings included:

Observation on at 9:00 AM during tour found a total of six residents residing at the facility.

Record review of the admission and discharge log on at 9:15 AM showed that facility has seven residents listed on the log. Resident #7 was admitted to facility on / is listed and is no longer at the facility but the log was not updated to reflect changes.

Interview on at 3:45 PM the Administrator after showing the log acknowledged the log was not up to date.

Class III

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L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to maintain an up-to-date admission and discharge log which identified mental health residents for 1 out of 6 (#4) mental health sampled residents.

Findings included:

Record review on at of the admission and discharge log found the facility did not have residents with mental health documented. Record review found Resident #4 was receiving limited mental health (LMH) services and was not identified on the log.

on at 3:30 PM the Administrator confirmed after review that Resident #4 was not identified on the log as LMH.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Westview Pleasant Living, Inc
2140 Nw 126 Street
Miami, FL 33167

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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

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