STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968015	02/25/2015
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)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-02/25/2015
0162-Records - Resident-02/25/2015
0181-Emergency Mgmt - Plan Approval-02/25/2015

Revisit Repeat Tags:
0078-Staffing Standards - Staff-58a-5.019(2) Fac

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey Revisit was conducted on 02/25/15. Vista Alegre had the following deficiency at the time the survey:

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

Based on record review and interview the facility failed to have evidence of a negative examination on annual basis for 1 of 4 (manager) sampled staff.

Findings included:

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

During an interview on at 12:38 PM, the facility's Administrator acknowledged over the phone that the evidence of a negative examination on annual basis for Manager was expired.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Vista Alegre
6800 Sw 130 Ave
Miami, FL 33183

Dear Administrator:

This letter reports the findings of a Standard Biennial revisit survey conducted on 2015by 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 . , 2015.

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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