STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968430	**04/02/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
VICTORIA'S DEDICATED RETIREMENT HOME INC	**6890 SW 39 TERR MIAMI, FL 33155**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Complaint Investigation survey (CCR # 2015002912) was conducted on and concluded on Victoria's Dedicated Retirement Home had deficiencies at the time of the survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to provide documentation that showed what interventions were put in placed for three out of eight (Resident #6, Resident #7 and Daycare Participant #8) sampled residents/participants that have a history of falling. The facility failed to have documentation that the physician and family members were contacted after three out of eight (Resident #6, Resident #7 and Daycare Participant #8) sampled residents/participants .

Findings included:

Review of Resident #6's record showed he was admitted to the facility on . The record indicated he was diagnosed with , , , , hyperextension, and by the physician. The resident needed assistance with all the activities of daily living and precaution. Progress notes documented that the resident when he stood up from his bed on at 7:00 AM. He hit his head. He was transferred to the hospital. He returned to the facility on at 1:35 PM under hospice continuous care.

Review of Resident #7 record showed he was admitted to the facility on . The record indicated the resident was diagnosed with , and frequent by the physician. The resident needed assistance with all the activities of daily living and need precaution. Progress notes document that the resident and had a laceration in his head on . Rescue was called and the resident was transferred to the hospital. The resident from his bed and hit his left cheek. Resident's wife was notified and she refused to send him to the hospital on .

Review of Daycare Participant #8 record showed she was admitted on . The record indicated the resident was diagnosed with , , , , by the physician. The resident needed assistance with all the activities of daily living and precaution. Progress notes document that she felt and hit on her eye elbow at 4:00 PM on . Rescue was called and they requested observe the resident. The resident was transferred to the hospital because the laceration was and her wrist was at 6:48 PM.

There is no documentation that resident's physician and family members were notified.

There is no documentation of any intervention created to minimize Resident's #6, #7 and #8 in their records

An exit conference was held with the Administrator on at 3:40 PM who confirmed the findings that the facility did not have any documentation.

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0025 Continued From page 1

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period and maintain the minimum staff hours per week.

Number of Residents Staff Hours/Week
6-15 212

Findings included:

Observation on at 10:00 AM showed Staff E was in charge of the facility at the time of the survey.

Staffing schedule review showed that Staff A, Staff E and Staff G were scheduled to work in the facility on The staffing schedule did not reflect how many hours they were schedule to work on

During an interview on at 2:30 PM, the Administrator stated Staff G does not work in the facility at present. Her last day she worked was the first day of

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, interview, and record review the facility failed to have a completed employee record for one of seven (Staff F) sampled staff.

Findings included:

On at 11:00 AM revealed that Staff F (hired date unknown) was interacting with the residents.

Staff record was requested for Staff F on . Record review found the facility did not have a record available in the facility for Staff F. The facility did not have a completed application with references, a completed Level II background screening, and training for Staff F.

During an interview on at 10:11 AM, the Administrator stated that Staff F is in training. She went to do her level II background screening yesterday. She was left in charge of the facility only for a few minutes yesterday when we received a visit of a Medicare inspector.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968430	**04/02/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
VICTORIA'S DEDICATED RETIREMENT HOME INC	**6890 SW 39 TERR MIAMI, FL 33155**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to complete and submit one day and fifteen day adverse incident report for one of eight (Resident #7) sampled residents/participants.

Findings include:

Review of Resident #7's record showed that he was admitted to the facility on . The record indicated the resident was diagnosed with , and frequent by the physician.

Progress notes document that the resident felt and had a laceration in his head on . Rescue was called and the resident was transferred to the hospital. The resident felt from his bed and hit his left cheek. Resident's wife was notified and she
refused to send him to the hospital on .

During an interview on at 2:30 PM, the Administrator stated that he did not submit one day and fifteen day adverse incident report for Resident #7.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on observation, record review, and interview the facility failed to provide a completed Level II background screening for one of seven (Staff F) sampled staff.

Findings included:

On at 11:00 AM revealed that Staff F (hired date unknown) was interacting with the residents.

Staff record was requested for Staff F on . Record review found the facility did not have a record available in the facility for Staff F.

During an interview on at 10:11 AM, the Administrator stated that Staff F is in training. She went to do her level II background screening yesterday. She was left in charge of the facility only for a few minutes yesterday when we received a visit of a Medicare inspector.

The facility did not provide any demographic information for Staff F. The background screening website could not be checked.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Victoria's Dedicated Retirement Home Inc
6890 Sw 39 Terr
Miami, FL 33155

RE: CCR #2015002912

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was conducted on , 2, 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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