STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968015	R
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Survey Revisit was conducted on 04/21/15 and concluded on 05/04/15. Vista Alegre had the following deficiencies at the time of survey:

0025 - Resident Care - Supervision - 58A-5.0182(1) FAC

Based on observation, record review, and interview the facility failed to maintain written records after 1 of 2 (#1) sampled residents was discharged from the hospital with skin concerns and . The facility failed to document that 1 of 2 (#2) sampled residents condition after a .

Findings included:

On at 2:15 PM observed in # Resident #1 lying down in bed with half bed rail attached with a white bandage tape in her rights face. Caregiver C stated, "do you want me to remove the bandaged?" Caregiver C reported I put the bandage in her eyes because she and I have been applying cream and hot compress (Aloe Vera). Caregiver C removed bandage and observed Resident #1's right eye with a large red and bump on her forehead.

During an interview on at 2:23 PM Caregiver C reported Resident #1 came from the hospital on and she from her bed that night. She stated "I did not call 911". Caregiver C stated "I call the license practice nurse (LPN) that come to the facility to assist Resident #2 with from a home health agency as he lives close by the facility. The LPN and I observed Resident #1 for four hours and Resident #1 had no reaction." Caregiver C stated I did not document the incident.

On at 2:36 PM Caregiver C stated that Resident #1 had an eye bandaged with medication which was Silver 1 % prescribed by the resident's primary health physician for her private parts (" ") and I use for both parts. Caregiver stated " I applied medication in both sides and she is getting much better."

On at 3:14 PM Caregiver C reported that hospital ambulance dropped off Resident #1 at the facility in bad condition. She stated "I took her in to the give a shower because she was smelling bad and dirty." And I notices that resident was swallow, had " ", and skin in her private parts but was late (hospital ambulance was there to send her back to the hospital). She reported she she called the resident's family and they were in ' '. Caregiver C stated "I did not call the doctor I called the Administrator and she contacted the primary doctor and Silver was ordered every day over the phone.

On Review Resident #1's medication observation record (MOR) and found the Silver 1% 2 times a day in affected area was not signed on the MOR. Review record for Resident #1 showed that the Health Assessment (dated / /) had diagnoses of major with and . Physical limitation: gait , and precaution. Resident #1 needs supervision with ambulation, bathing, self-care, toileting, transferring; Resident #1 is independent with dressing and eating.

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0025 Continued From page 1

Progress notes on documented Resident #1 came back from the hospital on she is stable and alert most of the time. Eating and sleeping but she is interacting. Review of Resident #1's record showed no documentation about the on progress note or others facility forms. Record review also found Resident #1's consent for use of half bed rails dated was not signed by resident or representative person.

During an interview on / at 3:57 AM the License Practitioner Nurse (LPN) he stated " I do not go to this ALF at this moment." I stop assisting a resident that lived there last week because the resident went to rehabilitation center. I did no go to the facility to observed a resident that . I received a call from the facility that one resident but I did not went there.

During a phone interview on / at 4:20 PM the Administrator stated " I have not filed incident report." She stated I have the report on half. She stated that Caregiver C applied compress with hot Aloe Vera and cream. Resident #1 is much better. Family do not want us send the resident to the hospital. She stated we are in between.

On at 3:16 PM hospital report showed that Resident #1 was transferred on / . The exam dated / at 9:14 PM CT showed facial bones wo/contrast, facial injury status post . Findings: right /forehead soft tissue and mild rights facial soft tissue . CT wo contrast findings: right , /forehead soft tissue and mild rights facial soft tissue . Discharge instruction for follow these instructions: 1- Keep the affected area in high position to reduce the swallow for the first 48 hours. 2- Have a compress for the affected area 20 minutes every 1 to 2 hours on the first day. 3- If you not have prescribed medication you can take or (,) for pain.

On at 9:24 AM phone interview with Resident #1's primary physician. The physician reported the incident occurred after hours and facility contacted me. I do not have writing notes or documentation because facility called me after hours. I told the facility over the phone to take the resident to the hospital. Facility stated that families do not want to send the resident to the hospital. I told facility to observed resident for 4 hours for any symptom or reaction. I contacted the facility next day and resident was ok. I order over the phone to applied (Silver 1 %) cream in resident eyes area to protect the skin. She stated that cream cannot be use inside the eyes.

Class III

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

Based on record review and interview the facility failed to maintain accurate medication observation record (MOR) for each resident who receives assistance with self-administration of medications for 1 of 2 (#1) sampled residents Findings included:
Review of the MOR on / showed that the following medications for Resident #1 was not initialed on the MOR as given although the medications were not in the bingo cards: 25 mg tablet (bed time) bingo card was punched and the MOR was not signed on Caps Sofgel one table a day at 7:00 AM

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0054 Continued From page 2

bingo card was punched on _ _/_ _ the MOR was not signed; Silver 1% 2 times a day in affected area was not signed on the MOR; 40 MG Tab one a day bingo card punched on the MOR was not signed; Escitalpran 10 mg one tablet a day bingo card punched on and / the MOR was not signed for both days; , 0.5 MG Tab bingo card punched on 5:00 PM , , and / 7:00 AM and MOR was not signed on those days; Temazepan bingo card punched and _ _/15 the MOR was not signed on those days.
During an interview on _ _/_ _ at 3:53 PM Caregiver C and she stated "for me today is the twenty. I don't know."
Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to ensure resident records were complete and accurate for 1 of 2 (#1) sampled residents.
Findings included:
Record review on / showed Resident #1's residency agreement was not signed by the resident or the resident's representative.
During an interview on _ _/_ _ at 2:25 PM Caregiver C acknowledged Resident #1's residency agreement was not signed by the resident or the resident's representative. She stated the Administrator is the person that completed all the residents' records
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 **second** Standard Biennial Licensure Revisit Survey conducted on
May 4, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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(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

YOSF

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