STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967009	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
VEREDA NUEVA	12412 SW 215 LANE MIAMI, FL 33177	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on [redacted]. Vereda Nueva had the following deficiencies found at the 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 ensure that the health assessments for 1 out of 6 (# 2) sampled residents documented what type of assistance was needed with medications and diet instruction.
Findings included:
Record review on [redacted] showed Resident #2's (admitted on [redacted]) health assessment form 1823 did not have specified if resident needed assistance's with self-administration of medication or if he needed [redacted]ication administration. Further review of health assessment (dated [redacted]) showed that Resident #2 had [redacted] and need assistance's with daily living activities. Health assessment did not showed if resident have special diet instruction.
During an interview on [redacted] at 11:00 AM the Administrator acknowledged that health assessment are uncompleted. Administrator stated Resident #2 had home health services ([redacted]) but did not have any diet instruction in the health assessment.
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 obtain a written physician's order for the use of a half-bed rail for 2 out of 6 (#2 and #3) sampled residents. The facility failed to treat 1 out of 6 (#2) residents sampled with consideration, respect and with due recognition of personal dignity, individuality, and the need for privacy.
Findings included:
Observation during the facility tour on [redacted] at 9:20 AM showed that Resident #2 (admitted on [redacted]) had half bed rails attached to her bed. Further observation Resident #3 (admitted on [redacted]) did have quarter bed rail attached to his bed. The facility failed to limit bed rails to half bed rails for Resident #3. Both residents were in [redacted] # with two beds.
The Administrator stated that Resident #1 (male) and Resident #2 (female) unrelated residents were sharing the [redacted].
Record review on [redacted] for Resident # 2 and #3 found the facility did not have any written physician's orders for the use of half bed rails. Further record review showed that residents' consents for the use of bed rails for Resident #2 and Resident #3 was not signed by residents or residents' representative.
During an interview on [redacted] at 1:09 PM, the Administrator acknowledged the findings. She stated, "I do not have the physician's order for the half bed rail in her record." Furthermore the Administrator stated " Resident #1 and # 2 are sleeping in the same [redacted]. I have three men and three women. I not have authorization or consent for Residents #1 and #2 to share the same [redacted]."
Class III

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

0055 Continued From page 1

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview the facility failed to ensure mediations were properly stored and secured all the time for 1 out of 6 (#2 and # 5) sampled residents.
Findings included:
Observation on / at 9:10 AM during the facility tour revealed unlabeled over the counter medications (OTC) in the refrigerator, upper compartment one bottle of Solution USP 10 g/15 ml and near to the black lock box for Resident #2 100 unit (order inject 20 unit daily).
During an interview on / at 9:16 AM, Caregiver B stated that medication arrived at the facility from the pharmacy yesterday and the nurse had to lock in the box." I don't know how to open or lock the box". Furthermore caregiver stated that this medication (OTC) was for Resident # 5. Administrator bought medication from the pharmacy. Staff B acknowledged medication were not properly stored.
Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation and interview the facility failed to ensure over the counter (OTC) products were properly labeled.

Findings Included:

During the facility tour on / at 9:10 AM observed one unlabeled OTC in the refrigerator Solution, USP 10 g/15 ml.

During an interview on / At 9:16 AM with Caregiver B stated that medication (OTC) was for Resident # 5. Administrator bought medication from the pharmacy.
Class III

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

Based on observation and interview the facility failed a 3-day supply of non-perishable food, based on the number of weekly meals the facility has contracted with residents to serve, for a census of 6 residents on hand at all times. The facility failed to note meal substitution before or when the meal is served on the menu. The facility failed to keep documentation of substitution on file.
Finding included:
During tour the facility tour on / at 9:10 AM showed the 3 days emergency food supply quantity was not sufficient base on the resident census of six residents. Kitchen cabinet contained: Protein 40 ounces and facility need 108 ounces, canned fruit 80 ounces and facility required 144 ounces; canned vegetables 45 ounces and facility required 216 ounces.
Observation on / at 12:30 PM showed that the residents were served mashed potatoes, beef croquette,

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VEREDA NUEVA	**12412 SW 215 LANE MIAMI, FL 33177**	

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

0093 Continued From page 2

peas, and ice-cream.
Record Review on / showed the menu has the lunch listed to be served Lunch: Beans or soup 6 oz.; beef croquette (4 oz.)Ye... Ri... (1/2 c); peas (1/2)Tossed salad w/ tomatoes (1/2c); Dressing (1); Fruit Cocktail DB unsweetened (1/2 c); Beverage (8 oz.)
The substitution was not documented on the menu. Furthermore record review showed that the facility did not had the menu on file for six months for reviewed.
During an interview on / at 12:37 PM the Administrator acknowledged the findings and he stated " I' m going to use the ' ' ' form to by emergency food." He stated that he did not have the last six month menu for review.
Class III

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

Based on record review and interview the facility failed to have semi-annually weights recorded for 2 out of 6 (#2 and #3) sampled residents that receiving assistance's with activities of daily living.
Findings included:
Record review on / showed Resident #2's (admitted on / /) record did not have the semi-annually weight records for ... Further review of health assessment (dated) showed that Resident #2 need assistance's with daily living activities. Record review for Resident #3 (admitted on /) Health assessment form 1823 dated showed that resident needed assistant with dialing living activities. Facility did not record the semi-annually ... for Resident #3 record for review.
During an interview on / at 11:00 AM, the Administrator stated I do not have the semi-annual weight recorded on Residents #2 and #3 on record.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Vereda Nueva
12412 Sw 215 Lane
Miami, FL 33177

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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