STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967447	07/22/2015
NAME OF PROVIDER OR SUPPLIER VIZCAYA ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1621 NORTH OCEAN BLVD POMPANO BEACH, FL 33062	

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

0000 Initial Comments

An unannounced CHOW survey with Limited Nursing Services was conducted on through and througuh at Vizcaya Assisted Living. The facility had deficiencies found at the time of the visit.

0152 Phvsical Plant - Safe Livina Environ/Other

Based on observation and interviews, the facility failed to ensure an appropriate living area by 20 out of 45 dining observed to be in disrepair.

The Findings Include:

During observation of lunch on beginning at Noon, numerous dining were observed with holes in the fabric, large stains, or areas where the upholstery was . All 45 chairs were utilized by residents walking and out of the dining this time. Photos were taken.

The Administrator/Owner stated on at 2:45 PM that she and the Co-Owner were shopping for new chairs or were going to reupholster them. The Administrator/Owner stated that the chairs were purchased in 2008. She and the Co-Owner acknowledged the findings.

Class III

N276 LNS - Nursina Services

Based on observation, interview and record review, the facility failed to initiate Limited Nursing Services (LNS) for 1 of 2 residents reviewed for potential LNS admission (Resident #1). As evidenced by observation of Resident #1 being on continuous and not admitted under the services of LNS for portable monitoring.

The Findings Include:

On at 11:50 AM during the entrance conference with the Assistant Administrator, she stated they do not have any residents on LNS at this time. On at 12:15 PM an interview was conducted with the Supervisor of Nursing Services who stated they do not have any residents on LNS at this time.

On at 12:30 PM Resident #1 was observed having lunch in the dining . She was observed

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to have being administered via a portable unit. During an interview with Resident #1 on at 12:30 PM, she stated she is on at 2 liters via nasal cannula on a continuous basis. An inquiry was made who is monitoring the to which she replied she takes care of it and calls the company for new tanks.

Review of Resident #1's record revealed she was admitted to the facility from a Rehabilitation Center on with a diagnosis of

On at 12:50 PM an interview was conducted with the Supervisor of Nursing Services who stated when Resident #1 arrived to the facility they were not aware she was on and had to contact the Rehabilitation Center to fax over the physician order for She stated during the interview on at 12:50 PM , the Home Health Agency nurse is monitoring the

Review of the resident's record revealed a physician order dated for concentrator for at 2 liters per minute via nasal cannula for a diagnosis of saturation of 88%.' Additionally the physician ordered Home Health Services for Registered Nurse, Physical and Occupational evaluations.

Review of the 1823 Resident Health Assessment dated completed by the physician at the Rehabilitation Center does not document the resident is on at 2 liters via nasal cannula. Additionally under or Behavioral Status the physician documented the resident was alert and oriented x 3, forgetful.

Review of the initial admission assessment dated completed by the Supervisor of Nursing Services states in part, 'Resident is alert and oriented x 3 but forgetful at times. Resident with portable attached to right shoulder. Resident AHCA form does not state that resident is on

On at 1:30 PM a request was made to review the Home Health Agency record for Resident #1. At 1:40 PM the Home Health Record was reviewed and did not provide any documentation/assessment of the resident and the A call was placed to the Home Health Agency by the Supervisor of Nursing Services and a telephone interview was conducted with Resident #1's Case Manager at the home health agency. An inquiry was made about the Registered Nurse (RN) initial start of care assessment of the resident's mental status. After review of the records the Case Manager had available at the home health agency, she stated the RN did the initial assessment on and documented the resident was assessed as being alert with periods of forgetfulness. An inquiry was made to the Case Manager what the RN documented regarding the status to which the Case Manager stated the RN did not document anything about the resident being on An inquiry was made to the Case Manager what was the frequency of nursing visits for Resident #1 to which she replied the insurance has

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authorized the start of care evaluation and an additional 3 visits from through at which time the resident would be discharged from the home health agency if they did not obtain further authorization from the insurance company.

On at 11:00 AM after review of documentation obtained from the facility on a discrepancy was noted regarding the license status of the Supervisor of Nursing Services. On at 11:16 AM a telephone interview was conducted with the facility Supervisor of Nursing Services and an inquiry made if she was a licensed nurse to which she replied she has completed schooling for a RN. However, she has not completed the nursing exam so she does not hold a license to practice nursing.

On at 12:00 PM a second visit was conducted at the ALF. The Supervisor of Nursing Services again confirmed she was not a licensed nurse.

On at 12:05 PM Resident #1 was observed in the dining lunch. The via nasal cannula was observed in place. On at 12:10 PM a tour was conducted of Resident #1's living quarters accompanied by the medication technician. Observation was made of 2 concentrator machines, 1 next to the bed with a BIPAP apparatus device) sitting on top of the concentrator and another concentrator next to the desk. Additionally, observation was made of 3 small cylinders free standing in the corner of the to the closet entrance in addition to 6 large cylinders free standing in the corner of the open closet.

Further review of the resident's record revealed no physician order for the use of the BIPAP apparatus.

On at 12:15 PM the Supervisor of Nursing Services and medication technician were advised the cylinders are not housed in a secure unit and pose a safety hazard if they were to accidentally over. The Supervisor of Nursing Services stated they will address it right away. Additionally, she stated they will initiate Resident #1 under LNS for monitoring and will call the LNS Supervisor and have him come do an initial assessment.

On at 2:07 PM a telephone call was received from the Supervisor of Nursing Services who stated maintenance is addressing the tanks and making sure they are secure. She stated the RN will be coming in to do an initial assessment on Resident #1. She stated she discovered today that the BIPAP apparatus the resident has in her to a friend and they have contacted the friend to come pick it up and they will notify the resident's physician to see if he wants the resident to be on BIPAP. Resident #1 has been on continuous and using a BIPAP machine, that was not prescribed for her, without being monitored for 12 days, since her admission date of .
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Vizcaya ALF, Inc
1621 North Ocean Blvd
Pompano Beach, FL 33062

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on 14 -15, 2015 and 21 -22, 2015 by representatives 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD
Enclosure
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com