STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966999	06/29/2015
NAME OF PROVIDER OR SUPPLIER **VICKY'S HOME ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6402 SW 41 STREET** **MIAMI, FL 33155**	

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

0078 Staffing Standards - Staff

Based on record review and interview facility failed to provide evidence of a negative examination on an annual basis for the Registered Nurse contracted by facility to provide limited nursing services.

Findings included:

Review of the Registered Nurse's record revealed that the last test was dated . There was no evidence of a negative examination on an annual basis for the Registered Nurse contracted by facility to provide limited nursing services.

On at 10:45 am phone interview with the Registered Nurse contracted by facility to provide limited nursing services, he stated that he is contracted by the facility to provide limited nursing services. He also stated that he has test result and he will give a copy to the facility.

Class III

N277 LNS - Resident Care Standards

Based on record review and interview facility failed to provide a copy of the current license of the Registered Nurse contracted by facility to provide limited nursing services.

Findings included:

Record review of the Registered Nurse contracted by facility to provide limited nursing services revealed that the Registered Nurse license expired on .

On at 10:45 am phone interview with Registered Nurse contracted by facility to provide limited nursing services and he stated that he is contracted by the facility to provide limited nursing services. He also stated that he has a new Registered Nurse license and that he will give a copy to the facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966999	06/29/2015
NAME OF PROVIDER OR SUPPLIER **VICKY'S HOME ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6402 SW 41 STREET** **MIAMI, FL 33155**	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2015. Vicky's Home ALF with Limited Nursing Services and Limited Mental Health components had deficiencies at time of survey.

0025 Resident Care - Supervision

Based on record review and interview facility failed to keep records of the sugar results and administration for 1 out of 12 sampled residents (#1).

Findings included:

Review of Resident #1 record revealed that there was a folder with the home health agency information, but there was no record of the nurse administering the or the results of the sugar checks.

On at 9:00 am the nurse from the agency was observed in the facility to administer the to Resident #1.

On at 9:30 am Staff C stated that she did not know if the nurse took the papers with him.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview facility failed to have a signed consent form for use of bed rails for 1 out of 12 sampled residents (#2).

Findings included:

During tour of the facility on at 8:45 am observed in # occupied by Resident #2 with full bed rails attached to the bed.

On at 8:45 am Staff C stated that Resident #2 use full bed rails.

Review of Resident #2's record revealed that there was an order for full bed rails signed by the hospice doctor on but there was a consent to use half bed rails signed on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Vicky's Home Alf
6402 Sw 41 Street
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring 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. **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 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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