STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966346	08/17/2015
NAME OF PROVIDER OR SUPPLIER **WEST VISTA DEL LAGO, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1077 WATERSIDE CIRCLE** **FORT LAUDERDALE, FL 33327**	

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

0000 Initial Comments

An Abbreviated Biennial survey was conducted on 17, 2015. West Vista Del Lago had the following deficiencies at time of the survey.

0008 Admissions - Health Assessment

Based on record review and interview, it was determined the facility failed to ensure a resident's Health Assessment (AHCA form 1823) was thoroughly completed, 4 out of 4 (Resident #1-#4) sampled residents' records reviewed.

Findings included:

a) Record review on revealed Resident #1's AHCA form 1823 page one was missing and paged 3 did not specify whether the resident required any assistance with the administration of medications. Further review of the AHCA revealed it did not reflect the resident was enrolled in Hospice.

b) Record review on of Resident #2's health assessment revealed it was not dated.

c) Review of Resident #3's file revealed the file did not contain a resident health assessment form for the resident.

d) Record review on revealed Resident #4's had no diagnosis reflected on the AHCA Form 1823 and it did not specify what type of medication assistance needed. Also, Resident #4's AHCA Form 1823 did not reflect the resident was receiving care.

During an interview with the Administrator on / at 1:40 pm, aforementioned was confirmed and it was revealed no further information was available for review.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, it was determined the facility failed to have the use of physical which includes full bed rails reviewed by the resident's physician annually, for 1 out of 4 sampled residents' records reviewed (Resident # 4) .
Findings included:
During a tour of the facility on / at 9:20 am, Resident # 4 was observed lying in bed with two full

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bed rail positioned up. During an interview with the Administrator on 8/17/15 at 9:20 am , she stated, " Resident #4 used full bed rails to prevent ... " The Administrator also stated, " Resident #4 is unable to come out from the bed without assistance.
Record review on revealed Resident # 4 did not have a physician order for the use of half or full bed rails.
During an interview with the Administrator on at 1:00 pm, she acknowledge that Resident #4 had a full bed rail, and there was no physician order in her personal file and/or in the facility at time of survey.
Class III

0054 Medication - Records

Based on observation, record review and interview the facility failed to maintain the Medication Observation Record (MOR) updated.

Findings included:

Observation on at 9:16 am revealed medications storaged in an aluminium desk (locked) for the followings Residents:

Resident #1's medications (Acetamin 325 mg, CHW 81 mg, 2.5 mg, 1 mg, 100 mg) were storage (locked) in the facility.

Resident #3's medications (Gabapetin 100 mg, Supplement 600 IU, D3 and 20 mg) were storage (locked) in an desk in the facility.

Resident #4's medications (10 mg, Amiodorone 200 mg, 50 mg, DR 20 mg and 10 mg.

Observation on at 9:20 am revealed Staff A did not use the MOR to assist with self-administration of medication to Resident #4. Also, Observation at 12:00 pm revealed that Administrator did not use the MOR to assist with self-administration of medication to Resident #3, neither.

Record review on / / revealed that Resident #1's medications (Acetamin 325 mg, CHW 81 mg, 2.5 mg, 1 mg, 100 mg) for 8:00 am and 8:00 pm were signed as given until / .

Record review on / / revealed that Resident #s 3 and 4 did not have MOR information in the facility

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at time of survey.

Interview on 8/17/15 at 12:00 PM revealed that Administrator acknowledged that she and Staff A did not use the MOR while assisted Resident #s 3 and 4 with self-administration of medications, and Residents #3 and 4 did not have MOR information in the facility at time of survey.

Interview on / at 12:00 PM revealed Administrator stated, " I have the complete information of the MOR at my home."

Class III

0083 Training - First Aid and

Based on observation, record review and interview the Assisted Living Facility failed to have a staff member who has completed First Aid and in the facility at all the times.

Findings included:

Observation on / at 9:00 am revealed four Residents 1-4 living in the facility. Observation on / at 9:00 am revealed Administrator and Staff A were working in the facility assisting Residents 1-4 with medication , ADL's , cooking and cleaning the facility.

Record review on / revealed the Administrator ' s and First Aid training expired on / / .
Record review on / revealed Staff A did not have and First Aid training in her file at time of survey.

During an interview with the Administrator on at 1:30 pm, she stated she did not know that her and First Aid training expired on / / .

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on observation, record review and interview the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for 2 of 2 (Administrator and Staff A) sampled staffs.
Findings included:
Observation on at 9:00 am revealed Staff A provided medication assistance to Resident #4

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while the resident had her breakfast. Observation on 8/17/15 at 12:00 pm revealed the Administrator assisted Resident #3 with his/her self-administered medications.
Record review on revealed Administrator did not have documentation of a minimum of 2 hours of continuing education training on providing assistance with self-administration of medications.
Administrator last training dated / / (4 hours).
Record review on revealed Staff A did not have documentation of continuing education training on providing assistance with self-administration of medications in file at time of the survey.
During an interview with the Administrator on / at 1:30 pm, aforementioned was acknowledged , no further documentation was available for review.

Class III

0161 Records - Staff

Based record review and interview the facility failed to ensure that 2 out of 2 (Administrator and Staff A) sampled staff had employment application, with references furnished.
Findings included:
Record review on revealed Administrator (hire date unknown) did not have an employment application and references in file.
Record review revealed that Staff A (hired date unknown) did not have an employment application and references in file.
During an interview with the Administrator on / at 1:30 pm, aformentioned was acknowledged, no further documentation was available for review.

Class III

0167 Resident Contracts

Based on record review and interview, it was determined the facility failed to have an executed contract, for 3 out of 4 residents' records reviewed (Resident #1-#3).

Findings included:

Record review on revealed Residents #1-#3 did not have a signed contract in the facility at time of survey.

Interview on at 1:00 pm revealed Administrator confirmed that Residents #1-#3 did not have

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their facility's contracts signed because the contracts were being updated and they needed to be signed.

Class

Z827 Unlicensed Activitv

Base on observation, record review and interview, the facility failed to have a background check for 2 out 2 (Administrator and Staff A) sampled employee.

Findings included:

Observation on from 9:00 - 2:00 pm revealed Administrator cooking, providing medication assistance to residents and assisting the facility's Resident #1-4. Observation on / / revealed Staff B working in the facility for Residents #1-#4 with ADL's , medication assistance to residents , feeding residents and cleaning the facility.

Record review on of the Administrator's file revealed it did not have documentation of level II Background Screening in the facility at time of survey. Record review on / / of AHCA's Background Screening website showed that the Administrator required a new screening (/).

Review of Staff A's file revealed it did not have documentation of level II Background Screening at the time of the survey. Record review on of AHCA's Background Screening website showed that Staff A had no matching records. During an interview on at 1:00 pm with Staff A, she stated that she had been working in the facility for two weeks and that she did not have her Background Screening proof with her.

During an interview on at 1:10 pm with the Administrator, she acknowledged aforementioned and stated she did not know that five years had passed already.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
West Vista Del Lago, Inc
1077 Waterside Circle
Fort Lauderdale, FL 33327

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative 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 representative. Should you have any questions please call this office at 5613815840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure
XG90

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