STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968484	11/12/2015
NAME OF PROVIDER OR SUPPLIER **BUENA VISTA HEALTH CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4230 NW 196 STREET** **MIAMI GARDENS, FL 33054**	

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

0000 Initial Comments

A Complaint (CCR#2015009643) Survey was conducted on , 2015. Buena Vista Health Care Corp had deficiencies at time of the survey:

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview the facility failed to ensure Residents rights for one out seven sampled Residents. Failure to provide appropriate resident discharged.

Findings included:

Record review on / found the facility ' s Admission/ Discharge log listed Resident #5 admitted on / and discharged on / to rehab. " (Has spent +20 days in hosp & rehab). "
Facility record review on / revealed Facility record review on / / reveals that the residents ' admission package had the followings documents:
Refund Policy
" A refund of the advance payment for housing, food services, and personal services will be given prorated on a daily basis, if resident must vacate due to:
1-
2- Requires skilled nursing care (Nursing Home)
3- Requested by the facility to vacate.
4- Closure of the facility
5- Transfer of ownership
6- Voluntary Leaving "
Termination of Residency:
" Resident shall inform the facility with a 30 (thirty) days written notice of termination of tenancy. The facility Administrator/ Designee shall notify shall notify resident with a 45 (forty-five) days written notice of termination of tenancy. "
Bed-Hold Policy:
"The current bed-hold policy for this facility is 45 (forty -five) days provided that the resident has paid for the month. This Facility agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or facility. The resident or his/her responsible party shall notify this facility of any changes in status that would prevent the resident from returning to the facility. Until such notice is received by this facility, the agreed-up daily rate will be enforced"
Interview on / at 12:00 pm with Participant #1 reveals that Resident #5 never received a 45 days discharge letter from the facility's Administrator. Participant #1 states that when Resident #5 went to the

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hospital in : the Administrator was not in the facility, and a family member was in charged. Participant #1 stated Resident #5 never received a letter stating that the facility will hold the bed, but Resident #5 had a signed contract where it is reflected. Participant #1 states that the Administrator calls on , 1st to let know about Resident #5's discharge from the facility because the facility could no longer hold the bed for Resident #1. Participant #1 states, " On , there were two Residents living in Resident #5's ; therefore, Resident #6 should have her refund because the facility was not holding Resident #6's bed.
Record review on / found Resident #5 admitted on and discharged on / . Resident had an agreement signed on . There is a refund policy and procedure in file, the resident's bill of rights in file. There is an admission, retention and discharge policy and procedures in file. There is a policy regarding storage of valuables. There is a resident's complaints document. Also, admission clothing inventory is in resident chart. However, there is a document named on Addendum of a bed hold that states, " Bed will not be reserve unless a full deposit is receive, and can only be reserved for a period no to exceed 45 days this period can be extended upon written approval of Administrator." This document is not signed.
Interview on / / at 10:30 am, the Administrator stated, "I was traveling when Resident #5 went to the hospital. I call them as soon as I knew about it. We agreed that she will stay living in the facility. They were paying $900.00 monthly, but the waiver ($1,100.00) will pay only 14 days during her hospitalization; they have to pay me $2000.00, but I was accepting the $900.00. Resident #5 went to the hospital on for possible in her right hip. Staffs' hospital let me know that she could be less or more time but they did not know exactly how much time it would take her to get better. I called Resident #5's family to let them know that they have to pay me in advance the month of ; However, the family did not like. I was charging Resident #5 while she was in the hospital because we agree that she will stay in the facility; I was holding the bed; I cannot make a refund because I was holding her bed. When she arrives to this facility she had on both heels ( ); she got better, but then she started to develop a new on her right hip. I never provide a discharged letter to them because I was holding her bed. However, Resident #5 could not come back because she did not meet criteria to be here, she has declined"
Class III

0054 Medication - Records

Based on record review and interview the facility failed to record properly the Medication Record Review (MOR).

Findings included:

Record review on / / at 9:30 am revealed Residents #1-4's MOR was not signed as given on

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/ / at 8:00 am.

Interview on / / at 9:35 am Staff A stated, " I assist all the Residents 1-5 with their medications early in the morning. However, I forget to sign. "

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the provider failed to ensure that the centrally stored medications were kept in a locked in a central storage at all times.

Findings included:

Observation on / / at 9:19 am found the kitchen cabinet with all Residents medications inside unlocked and unattended.

Interview on / / around 9:21 am revealed Staff A stated, " I forgot to lock the medications."

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the assisted living facility failed to provide a safe living environment and an environment free of hazards.

Findings included:

During the facility tour on / at 9:10 AM revealed the screen porch (back side) was overloaded with things (photo available).

Interview on / at 1:00 PM revealed Administrator stated, " I will organize the back screen porch. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Buena Vista Health Care Corp
4230 Nw 196 Street
Miami Gardens, FL 33054

RE: CCR #2015009643

Dear Administrator:

This letter reports the findings of a Complaint 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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