STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966032	06/29/2016
NAME OF PROVIDER OR SUPPLIER **VI AT AVENTURA**	STREET ADDRESS, CITY, STATE, ZIP CODE **19333 WEST COUNTRY CLUB DRIVE** **MIAMI, FL 33180**	

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

0000 Initial Comments

A Complaint Survey (CCR #2016006947) was conducted on and concluded on . VI at Aventura, license number 10382, had deficiencies found at the time of the survey.

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to discharge 1 out of 2 sampled residents (Resident #1) who no longer met continued residents criteria and had aggressive behaviors.

Findings included:

Record review of progress notes for Resident #1 revealed that the resident was admitted to the facility on / . On / at 6 am resident was observed with aggressive behavior and agitated; on the same day at 10 am she was found on the floor in the injuries. On / at 1 am the resident was very aggressive toward staff and at 9:30 am she was found on the floor with no injuries. On / at 8:30 pm the resident was placed on one to one care until at 6 am. On at 9:10 am was observed very agitated and aggressive and attempted to hit staff. On at 3:30 pm the resident was observed with a small bump to right side of the scalp after a . On resident was screaming and fighting. On at 6 am resident was placed on one to one care again due to trying to get out of bed and having unsteady gait; she was screaming through the day and continued screaming through . On at 3:30 am the staff had to sit with her in the TV of screaming all night; she threw the on the floor and broke in 2 pieces. On / resident was awake all night yelling and screaming. On and / she had to be place on one to one again because of the same behavior. On and / to be yelling and screaming. On at 6:15 pm she was found on the floor with in the back of her head; 911 called and resident was taken to the hospital and came back at 11:25 pm.

On / resident had another episode on yelling and screaming. On she was observed yelling and screaming. On she had the same behavior again; and at 2 am she was trying to fight with staff. On at 8 pm the resident was yelling and screaming uncontrollable and hit and scratch on of the staff. On at 2:30 am she was kicking and punching and screaming and threw herself on the floor; she threw a shoe at the staff and she was sent to the hospital; rescue had to be called and she was transported to the hospital.
On a note written by the Assistant Director Of Nursing stated that Resident # 1 was observed with aggressiveness and throwing various objects toward staff and displaying combative behavior. On at 2:36 pm Resident # 1 was once again yelling and screaming. On it was reported from the private duty aid that Resident # 1 was complaining of pain on the left wrist with unknown cause;

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a portable left wrist X-Ray was done and the result was non-displaced acute of the and resident was sent to the hospital; however another X-Ray of the left wrist was done at the hospital and there was no acute .

On at 12:27 pm, Resident #1's aide stated "Before going to the hospital she was able to stand up with the assistance of 2 persons and could walk 2 or 3 steps with 2 persons. She was able to eat finger foods and drink water or coffee on her own. She was continent and would ask to be taken to the . I would be the one to dress her and help her wash her face, and do her hair. "

On at 1:20 pm certified nursing assistant (CNA) stated regarding Resident #1 "with her some days are good and some are bad."

On at 2:35 pm the Licensed Practical Nurse stated on interview: "Resident #1 is always screaming and combative. She screams uncontrollably."

Class III

0025 Resident Care - Supervision

Based on observation, record review, and interview the facility failed to provide appropriate supervision that would prevent 2 out of 2 (Resident ##1 and #2) sampled residents from falling.
Findings include:
Record review of Resident #1 revealed that the resident sustained multiple at the facility. Resident #1 had on / , / , , and . She was also sent to the hospital after on , and . Also she had episodes of yelling and screaming and being aggressive toward staff. According to progress notes the doctors were notified of the residents' behavior and .
Hospital records received on revealed Resident #1 was admitted to the hospital after a at the assisted living facility and after a portable left hand X-Ray was done with a non-displace of the left result. The facility transferred the resident after being discharged from the hospital on / to the skill nursing unit.
On at 11:45 am interviewed the Administrator, she stated that on 13 the private aide reported that the resident was complaining of pain on the left wrist; a portable X-Ray was done and the result was non-displaced acute of the and resident was sent to the hospital.
On at 12:27 pm Resident #1's private aide stated, "regarding the hand on Sunday she (Resident #1) was fine and the family came to see her; when I came back on Monday she was complaining about pain in her hand. I told the nurse about it and they did an X-Ray and found out that there was a ."

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Observation on at 1:00 PM showed Resident #2 sitting in a wheelchair. He was doing physical .

Review of Resident #2's record document he was admitted to the facility on and has a diagnosis of closed head . The Health Assessment dated indicated he requires supervision with eating and assistance with ambulation, bathing, dressing, , toilet and transfer. The progress notes document he was found on the floor by staff on , , , / , / , / , and on . The resident was transferred to the hospital on for evaluation.

On the resident was transferred to the hospital because the resident decline in function. Physician also made aware of resident frequent falling. Resident will require increase assistance.

Confidential interview conducted on stated "We have two CNA (Certified Nursing Assistance) for the Assisted Living Facility all the time. One CNA works at the memory unit and other one works on the second floor. Resident #2 resides on the second floor and needs assistance with all of the activities of daily living."

Interview conducted with Staff C, Licensed Practical Nurse on at 12:07 PM stated "Resident #2 lives on the second floor. We do rounds every two hours. We implemented that we are going to do rounds every 30 minutes yesterday. The Physical at the Hospital did an evaluation and stated that Resident #2 can live in an ALF."

Interview conducted with Resident #2 on at 1:25 PM stated "I have my left side paralyzed. I am doing much better. I do not see much of the staff in my apartment during the day."

Interview conducted with Staff E, Director of the Rehabilitation Center on at 1:35 PM stated "He is doing much better. We are working together in order that he lives in his environment."

There is no documentation of facility rounds of any intervention created to minimize Residents #1 and #2 in the record.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Vi At Aventura
19333 West Country Club Drive
Miami, FL 33180
RE: CCR #2016006947

Dear Administrator:

This letter reports the findings of a complaint licensure survey that was conducted on , 2016 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 , 2016.** 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

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