STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965493	06/21/2016
NAME OF PROVIDER OR SUPPLIER **VIDA HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **415 EAST 39 STREET** **HIALEAH, FL 33013**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on , 2016. Vida Home LLC (Lic #9854) had the following deficiencies at time of the survey:

0025 Resident Care - Supervision

Based on observation, record review and interview the facility failed to maintain 2 of 6 sampled resident (Residents #1 and #4)'s progress notes.

Findings included:

On / at 12:45 pm the hospice nurse stated, "Resident #1 is healing, in my medical opinion, he will heal in two weeks. Even though, he is , he is doing well. There is no stage for the on his right foot because is not for , and the sacrum is cured."

Record review on / found Resident #1's health assessment revealed there was no information from Hospice that stated Resident #1's care had improved.

Interview on / at 1:47 pm, Staff B stated, " Resident #1 is under Hospice care, and I did not know that information was not in file. "

Record review on / Resident #'s 4 Medication Observation Record (MOR) reflected that he was at the hospitalized from -.

Record review on / Resident #'s 4 Progress Notes did not have information regarding hospitalization.

Interview on / at 12:30 pm Staff B stated, " He is from PACE, and they came to pick him up as regular on Wednesday, and I inform them about a pain in his back. PACE took him from -; however, I forget to write the information in his Progress Notes. "

Class III

0054 Medication - Records

Based on record observation, record review, and interview the facility failed to maintain the Medication Observation Record (MOR) by specifying the hours that the medications for two out of six sampled (#s 1

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and 4) residents were given.

Findings included:

Observation on / / at 10:00 am revealed that Residents #s 1 and 4 did not have a specific time that the medications were provided. It stated, "AM and PM."

Record review on / / revealed that staff signed residents (#s 1 and 4) MORs as given on AM and PM.

Interview on / / Staff B stated, "The pharmacy send it without that information; however, I will put the time starting from today."
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Vida Home, Llc
415 East 39 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a Standard Biennial 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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