RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Vivo Alf Inc
14621 Sw 10 St
Miami, FL 33184

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring 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

XG90

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Miami, FL 33166
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968821	**09/29/2016**
NAME OF PROVIDER OR SUPPLIER **VIVO ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14621 SW 10 ST** **MIAMI, FL 33184**	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2016. Vivo ALF Inc. with Limited Nursing Services component had a deficiency identified at the time of the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview the facility failed to signed consent for the use of bed rails for 1 out of 6 sampled resident (Resident # 1).

Findings included:

During tour of the facility on / at 8:38 am observed Resident #1 lying in bed with full bed rails up.

The caregiver stated on / at 8:38 am that Resident #1 is receiving hospice services.

Record review of Resident # 1 revealed that a prescription for full side rail was written by the hospice's doctor on ; a consent for half bed rail was signed on / .

On at 10:00 am the facility administrator stated that she will contact the resident's daughter to get the consent for full side rail.

Class III