STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968721	**12/01/2016**
NAME OF PROVIDER OR SUPPLIER **A BELLA VITA PLACE ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2143 DORSON WAY** **DELRAY BEACH, FL 33445**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 12/01/2016 at A Bella Vita Place Assisted Living, LLC.(License #12591). The facility had a deficiency identified at the time of the visit.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on records review and interview, the facility failed to ensure that the Medication Observation Record (MOR) was signed for 1 out of 3 residents (Resident # 1).

The findings include:

On / / a relicensure survey was conducted at the facility. During the medication record review, following medications administration observation at 12:10 PM, there were observed signatures missing in Resident #1's MOR during the month of 2016.

Resident #1 had 5 mg ordered to be taken 4 times a day (8:00 AM, 1:00 PM, 5:00 PM and 9:00 PM). The MOR was signed for the 8:00 AM and the 1:00 PM dose administration, but there was no signature for the 5:00 PM and the 9:00 PM doses. Additionally, there was no signature for the 8:00 PM dose administration of 50 mg to be given daily.

Review of Resident #1's Health Assessment record dated revealed that Resident #1 requires assistance with self-administration of medications. His diagnoses are Major , , , ( ) and , , .

During an interview with Resident #1 on / at 10:00 AM, he reported that he's always given his medications. He stated that he is treated nicely and had no complaints.

During an interview with the Administrator on / / at 12:28 PM, she reported that she gave the medications to Resident #1 but admitted she forgot to sign the MOR.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

[redacted], 2016

Administrator
A Bella Vita Place Assisted Living, LLC
2143 Dorson Way
Delray Beach, FL 33445

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 2016 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 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 [redacted], 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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