STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968484	**03/29/2017**
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 Standard Biennial Survey was conducted on , 2017. Buena Vista Health Care Corp. (License # 12368) had deficiencies identified at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have an accurate initial health assessment for 1 out of 4 sampled residents (Resident # 1).

Findings included:

Record review of Resident # 1 revealed that an initial health assessment was done on and on the diagnosis section there was a note saying, "see progress notes." There were no progress notes attached to the health assessment. The initial doctor's progress notes were on another part of the resident's record but they did not have the diagnoses, it only had the surgical history.

The Administrator stated on at at 11:30 am that he will talk to the resident's doctor to have a new health assessment done.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview the facility failed to follow the procedure outlined by the state when assisting 1 of 4 sampled residents residents with self-administration of medications (# 3).

Findings included:

During assistance with self-administration of medication on at 8:50 am observed that Staff C failed to identify the medications to Resident # 3.

On at 9:30 am Staff C stated that she had forgotten to identify the medications.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed to notified the agency of a change of the administrator within 10 days.

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Findings included:

A review of the Facility Provider Locator Database revealed that the Administrator also operates another facility. All of the facility files identified Staff B as the administrator.

On at 9:45 am the Administrator stated that he is not the administrator of this facility, but only the owner and that the administrator for this facility is Staff B. He stated at 10:15 am that he sent the change of administrator to AHCA by regular mail about a year ago but that he has the copy of the application at the office.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review, and interview, the facility failed to have an adequate supply of useable emergency food. Most of the emergency food was expired.

Findings Included:

Observation of the emergency food on at 9:10 am revealed that there was a box of Special K cereal that expired on , one box of Honey Bunches of Oats that expired on , 2 gallons of Motts Apple Juice that expired on , 2 gallons of Cranberry juice that expired on , 12 cans of Chef Boyardee Beef Ravioli that expired on , 10 cans of Healthy Choice Chicken that expired on and 8 cans of Chicken Noodle Soup that expired on .

The Administrator stated on at 9:14 am that if the food is expired, he will throw it away and buy new one.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to review its emergency plan on an annual basis.

Findings included:

Review of the emergency plan revealed that it had been approved on .

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SUMMARY STATEMENT OF DEFICIENCIES
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On the Administrator stated at 10:05 am that he had sent the emergency plan to be renewed and the approval had not been sent back yet. He also stated that he did not have the receipt at the facility but in the office.

Class III