STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963925	**01/05/2018**
NAME OF PROVIDER OR SUPPLIER **NUEVA VIDA CORPORATION**	STREET ADDRESS, CITY, STATE, ZIP CODE **13361 SW 53 STREET** **MIAMI, FL 33175**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . Nueva Vida Corporation (license #8877) with Limited Mental Health had deficiencies identified at the time of survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to maintain a written record, updated as needed, of any significant changes, any illness for one out of five sampled residents who was transferred to the hospital (Resident #3).

Findings included:

Resident record review showed Resident #3 was transferred to hospital on . . . . . because she was very week. The record did not have documentation that his primary physician and family member was notified.

Interview conducted on . . . . . at 11:00 AM, the Administrator confirmed that there was no documentation that Resident #3's primary physician and family member were notified.

Class III