STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964066	**03/29/2018**
NAME OF PROVIDER OR SUPPLIER **GOD'S VIP SENIOR HAVEN LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4681 SW 66TH AVENUE** **DAVIE, FL 33314**	

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

0000 - Initial Comments

An unannounced Change of Ownership (CHOW) survey was conducted ON - at God's VIP Senior Haven, LLC, License # 5448. The facility had deficiencies at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review, observation and an interview, it was determined that the facility failed to ensure that a resident's health assessment (ACHA Form 1823) reflected the resident's current status/ condition and diagnosis, for 1 out of 1 sampled residents (Resident #2).

The findings included:

A record review of Resident #2 file was conducted notating that a Physician Medical Order on requested that Resident #2 have an exam of his lower extremities due to symptoms of . The requested exam was completed and the significant findings were reported as the resident having , (clot) in his left leg. As a result of the findings the doctor placed the resident on medication to treat the condition and Physical , for treatment.

During an interview with the Adminstrator on at 11:37 AM, Resident #2's condition was discussed. The Administrator confirmed that the resident had some in both of his feet and was sent out to have an completed. She also confirmed the findings of the resident being diagnosed with a . The Administrator, at this time, was informed of the regulatory requirements regarding a signficiant health change, including new diagnosis as it relates to the health assessment form. The Administrator was informed that a new AHCA form 1823 was required for Resident#2 due to the significant change in health status.

During an interview with the Administrator on at 11:45 AM, she confirmed aformention and that she forgot to have Resident #2's health assessment (AHCA form 1823) updated due to the significant change in Resident#2 health status.

The Administrator confirmed all of the findings and provided no additional information at this time.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964066	**03/29/2018**
NAME OF PROVIDER OR SUPPLIER **GOD'S VIP SENIOR HAVEN LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4681 SW 66TH AVENUE** **DAVIE, FL 33314**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review it was determined the facility failed to maintain an up-to-date background screening clearinghouse roster for of 10 sampled staff reviewed (Staff E, F and G).

The findings include:

During review of the facility's background screening clearinghouse roster conducted with the Administrator, on beginning at approximately 12:58 PM, she confirmed that the following staff members do not work for this facility (she could not provide exact termination dates, however, she acknowledged it has been more than 10 business days since they worked for the facility):

a. Staff E: the roster indicated a date of hire as
b. Staff F: the roster indicated a date of hire as
c. Staff G: the roster indicated a date of hire as

Review of the facility's staffing schedule for 2018 did not reflect any of the above staff names.

Unclassified