STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968015	**12/11/2018**
NAME OF PROVIDER OR SUPPLIER **VISTA ALEGRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6800 SW 130 AVE** **MIAMI, FL 33183**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 11/29/2018 and concluded on . Vista Alegre ALF had the following deficiencies identified at the time of the survey:

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

Based on record review and interview, the facility failed to maintain an accurate Medication Observation Record (MOR) for five out of six sampled residents (Resident #2, #3, #4, #5, and #6)

Findings included:

A review of Medication Observation Record revealed that medication for 8:00 AM was not signed.

Resident #2 had prescribed D 1000, , 10 mg, 75 mg, 220 mg, C 500 mg, 325 mg, 50 mg, 15 mg.

Resident #3 had prescribed , 325 mg, 50-125 mg, VP- 1 tab, 1000 mcg, D3 1000, 600 mg, Veta-net 500 mg, 20 mg, 500 mg.

Resident #4 had prescribed , 25 mg, , 5 mg, , 5 mg, 500 mg, megestrol 40 mg, 25 mg.

Resident #5 had prescribed , 20 mg, 50 mg, , 10 mg, 112 mcg, megestrol 40 mg, , 5 mg.

Resident #6 had prescribed 14 mg and , and the medication observation record was not initialed for date of at 8:00 AM for all residents .

Reconciliation of medication showed the medications labeled "morning" for was not in the medication packets for Resident #2, #3, #4, #5, and #6).

On at 10:01 AM the administrator stated "I forgot to sign the medication book, because I was busy. The staff that was on schedule today called out sick and I have been by myself the whole morning."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968015	**12/11/2018**
NAME OF PROVIDER OR SUPPLIER **VISTA ALEGRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6800 SW 130 AVE MIAMI, FL 33183**	

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

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the facility failed to have a maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings include:

On at 9:10 AM during facility tour observed Staff A was alone assisting the residents.

A review of the staff schedule posted for , showed Staff B was scheduled from 7:00 AM-7:00 PM.

On at 10:01 AM the administrator stated "The staff that was on schedule today called out sick and I have been by myself the entire morning."

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and interview, the facility failed to ensure that 1 out of 4 sampled Staff received a minimum of 2 hours of continuing education training on providing assistance with self- administered medications. (Staff D)

Findings Included:

Record review showed no documentation that Staff D had received an additional 2 hours of continuing education training on providing assistance with self-administration medications.

On , at 11:35 am the administrator stated Staff D assist with administering medications. The administrator stated Staff D will receive the self- administration medication training on Friday , .

Class III