STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966894	**02/22/2019**
NAME OF PROVIDER OR SUPPLIER **WESTVIEW PLEASANT LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2140 NW 126 STREET** **MIAMI, FL 33167**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on , , and concluded on , in conjunction with a complaint survey. Westview Pleasant Living, Inc. with Limited Mental Health component had deficiencies identified at the time of the survey:

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

Based on record review and interview the facility failed to offer appropriate supervision according to the needs of the residents for two out of seven sampled residents (#6 and #7). In two weeks Residents # 6 and # 7 sustained and had to be transferred to the hospital for further evaluation and treatment.

Findings included:

On at 10:10 AM Staff B stated, "Resident # 6 went to the living room were Staff C was sleeping and knocked over the chair. The chair scratched her. Staff C washed the and she went to bed. In the morning she woke up and she was digging into the and got worse."

Review of Resident # 6's record revealed an assisted living facility internal incident report dated stated, "Resident # 6 cut her slightly at 4:00 AM the caretaker and sent Resident # 6 to bed. Later at 7:00 AM Staff C went into room to get ready for the day and found Resident # 6 her on floor next to her bed digging into the or cut." She was initially treated by the nurse from the clinic and then sent to the ER."

Review of Resident #6's hospital record revealed that she was admitted to the hospital on with a on the left that measured 8 X 4 cm and exposed the fascia, and . The was not and appeared to be 24 hours old. She had a on the left ankle that appeared to be 48 hours old. The was too old and could not be closed at the emergency department.

On at 1:17 PM Staff C stated, "Resident #6 is the only one that has . She was and used to do weird stuff like hiding stuff. She had problems with her . I used to sleep in the chair right in front of where she . I cleaned the and put her to bed because it was no deep. She started digging inside the and putting stuff in her . In the morning, she was on the floor digging inside the again. The Registered Nurse from the clinic that came to see Resident #1 saw the that Resident # 6 had and what she was doing with the . She cleaned it and told Staff B to send her to the hospital because she kept eating what she was taking from inside the . Her

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966894	02/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTVIEW PLEASANT LIVING, INC	**2140 NW 126 STREET MIAMI, FL 33167**

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

skin was very fragile. That resident was very and was always into trouble."

Review of Resident #6's health assessment completed on had the following diagnoses: , Syncopal Episodes. Ambulated independently. Alert to person only. She was on precautions. Required assistance with bathing, and grooming; supervision for toileting.
The last note written for the resident had been on .

On at 11:45 AM Staff B stated that she used to write everything and she needed to start again.
On at 11:50 AM Staff B stated Resident # 6 was getting more those days.

On at 1:30 PM Staff C stated that there was a resident about 2 months ago that in her room and was sent to the hospital and after a few days. She stated, "She had bad bones."

On at 2:11 PM Staff C stated on the phone, "Resident # 7 was in the hospital and got a really bad and . She got it at the hospital. She had the at the facility. She had condition that her bones were so brittle. . She because her bones evaporated. Her bones were so bad."

Review of Resident # 7's health assessment had been completed on had the following diagnosis: precautions. Resident was independent with transferring, required supervision/assistance with ambulation and bathing, assistance with grooming and bathing and supervision with , eating and toileting. Required assistance with self-administration of medications.

The facility internal incident report stated: "On at 6:45 AM Resident #7 was in her room banging on walls and yelling so caretaker went in and she was sitting on bottom of the floor. She was and thought a man was in her room. Resident # 7 had and trouble walking so called 911 and she was taken to the hospital."

Review of Resident # 7's hospital record revealed was admitted to the hospital on after sustaining a at the assisted living facility; she had a minimal displaced of the left .

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966894	02/22/2019
NAME OF PROVIDER OR SUPPLIER **WESTVIEW PLEASANT LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2140 NW 126 STREET** **MIAMI, FL 33167**	

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

Based on observation and interview the facility failed to follow the correct procedure outlined by the state when assisting with self-administration of medications two out of five sampled residents (# 2 and # 5).

Findings included:

On . . . . . at 12:25 PM observed Staff C assisting Residents #2, staff signed the medication observation record before giving it to the resident. Staff failed to say the name of the medication, left the medication in front of the resident, and went . . . to the medication cabinet without verifying that the resident had swallowed the medication.

On at 12:27 PM observed Staff C assisting Resident #5 with self-administration of medications. Staff C did not . . . . . her . . . . before assisting the resident and signed the medication observation record without verifying that Resident # 5 had swallowed the medication.

On at 12:30 PM Staff B stated, "Yes she did it all wrong."

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on record review and interview the facility failed to ensure that staff responsible for food service obtained annually a minimum of 2 hours of continuing education in topics pertinent to nutrition and food service in an assisted living facility for four out of five sampled staff (A, B, C, and E).

Findings included:

Review of the personnel records for Staff A, B, C and E revealed the 2 hours of continuing education training in nutrition and food services was dated . . . . . .

On . . . . . at 10:50 AM Staff B stated, "I do not know what happened. The menu expires on . . She put a different date on the certificates."

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview the facility failed to have references furnished on the application of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966894	02/22/2019
NAME OF PROVIDER OR SUPPLIER **WESTVIEW PLEASANT LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2140 NW 126 STREET** **MIAMI, FL 33167**	

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

two out of five sampled staff (A and E).

Findings included:

Review of the personnel records for Staff A and E revealed that both applications were dated and did not have references furnished.

On at 10:48 AM Staff B stated, "Ok,"after findings were reviewed.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to file a one-day and a 15 days incident report with the agency for two out of seven sampled residents (#6 and #7). Residents #6 and #7 sustained and had to be transferred to the hospital for further evaluation and treatment.

Findings included:

On at 10:10 AM Staff B stated, "Resident # 6 went to the living room were Staff C was sleeping and knocked over the chair. The chair scratched her. In the morning she woke up and she was digging into the and got worse."

Review of Resident # 6's hospital record revealed that she was admitted to the hospital on with a on the left , that measured 8 X 4 cm and exposed the fascia, and . The was not and appeared to be 24 hours old. She had a on the left ankle that appeared to be 48 hours old. The was too old and could not be closed at the emergency department.

Review of Resident # 7's hospital record revealed was admitted to the hospital on after sustaining a at the assisted living facility; she had a minimal displaced of the left .

Review of the agency's incident report database revealed the facility had no file adverse incident reports for Resident # 6 and # 7.

On at 11:50 AM Staff B stated that she had not filed an incident report with the agency.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966894	**02/22/2019**
NAME OF PROVIDER OR SUPPLIER **WESTVIEW PLEASANT LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2140 NW 126 STREET** **MIAMI, FL 33167**	

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

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview the facility failed to be in compliance with their emergency power plan.

Findings included:

On [redacted] at 11:45 AM observed the facility only had 2 containers of five gallons each with gasoline.

On [redacted] at 11:45 AM Staff B stated, "That is what the fire department allows."

Review of the emergency power plan record revealed that there were no policies and procedures for the operation of the alternate power source. The facility had notified the residents and their relatives on [redacted] that their request for extension until [redacted] had been approved.

On [redacted] at 11:59 AM Staff B stated, "Someone from another facility told me about the policies and procedures."

On [redacted] at 12:07 PM Staff B stated, "Oh we are finished with the generator. Do I need to notify again?

Class III