STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966346	R **04/17/2018**
NAME OF PROVIDER OR SUPPLIER **WEST VISTA DEL LAGO, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1077 WATERSIDE CIRCLE** **FORT LAUDERDALE, FL 33327**	

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

0000 - Initial Comments

An unannounced Relicensure Second Revisit survey was conducted on 04/17/2018 at West Vista Del Lago, Inc (License #10057). The facility had uncorrected deficiencies at the time of the survey.

The facility had the following uncorrected deficiencies cited:

0078 - Staffing Standards
0079 - Staffing Standards
0081 - Training
0082 - Training - /
0090 - Training - DR
0160 - Records - Facility
0161 - Records - Staff
814 - Background Screening Clearing House
815 - Background Screening

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure 1 out of 3 sampled employees (Staff A) had submitted a written statement from a health care provider documenting that the employee is free from ( ) on an annual basis and a written statement from a health care provider documenting that the employee does not have any signs or symptoms of communicable within 30 days of hire.

The findings included:

During record review for Staff A (Unknown hire date), a signed statement by a health care provider verifying this employee was free from annually could not be located. A request was made to the Administrator for the documentation, but the Administrator was unable to locate this documentation at the time of survey.

During record review for Staff B, (Date of hire unknown), a signed health statement by a health care provider verifying this employee was free from all communicable could not be found. A request was made to the Administrator at 10:47 AM for the documentation, but the Administrator was unable to

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locate the requested documentation.

On at 10:55 AM, the Administrator acknowledged the absence of the annual written negative and Communicable statement for Staff A. The facility provided no additional documentation at the time of the survey.

Class III
Uncorrected

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

Based on interview the facility failed to reflect a 24 hour staffing pattern for a given time period and also failed to ensure that 1 out of 3 sampled staff (Staff B) who provide direct care to residents had received the required in-service training within 30 days of employment.

The findings included:

A. An interview was conducted on at 1:30 PM, The Administrator was asked to provide a copy of the written staffing schedule for the last 30 days. The Administrator stated she did not have a written staff schedule. She furthe stated when she get more resdients she will write a staffing schedule..

The Administartor provided no further explanation or doucmetation during the time of the survey.

Class III
Uncorrected

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on documentation review and interview, the facility failed to failed to ensure that 1 of 3 sampled staff (Staff A), who provides direct care to residents, had received the required in-service training within 30 days of employment.

The findings included:

Review of Staff B's personnel record revealed no date of hire, however durign previous interviews conducted this day o the survey she confirmed Staff A has been employed for more 60 days. Staff A's file lacked documentation indicating the employee had completed the following in-service training: Resident Rights, Recognizing/ Reporting , Neglect and , , ADL and Behavioral Needs,

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Elopement Response Training, Emergency Preparedness & Evacuation Training, Training, Nutritional & Safe Food Handling.

On at 12:01 PM an interview was conducted with the Administrator, regarding Staff B's required in-service training, she stated the documents that were located in her file was all she had. No further explanation was given at this time.

Class III
Uncorrected

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff A) had completed training in / within 30 days of employment.

The findings included:

The personnel file for Staff A was reviewed on for documentation of training in / dated within 30 days of employment. There was no documentation of this training available for review.

An interview was conducted with Staff A (Administrator) at 11:18 AM on and acknowledged that the documentation was not present and available for review. The facility provided no additional documentation at this time.

Class III
Uncorrected

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedure regarding ( ), for 1 out of 3 sampled staff records reviewed (Staff A).

The findings Included:

A personnel record review conducted on revealed that Staff A who has been employed with the facility for more than 60 days (exact hire date unknown), lacked documentation indicating completion of 1 hour of training in the facility's policy and procedure regarding within 30 days of employment.

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During an interview conducted on at 11:19 AM, with the Administrator, she reviewed the file and confirmed the findings. The Administartor provided no further documentation or explanation at this time.

Class III
Uncorrected

0160 - Records - Facility - 58A-5.024(1) FAC

Based on interview and record review the facility fail to submit an annual emergency management plan for review and approval. The facility also fail to failed to maintain an up-to-date admission and discharge log listing the names of all residents and each resident's: date of admission, the facility or place from which the resident was admitted, for 2 of 3 sampled residents.

The findings included:

During record review of the facility documents, the Administrator presented a Comprehensive Emergency Management that was approved in . The Administrator was asked to provide a current Emergency Management Plan. During an interview on at 11:05 AM the Administrator stated she have a CEMP but dont remember where filed it. The Broward County Emergecny Division was called at 11:10 AM on , The survyor spoke with a representative a from the Emergency Division and The representative stated the last plan that was submitted to the county was approved in 2015 and that no new plan has been submitted thus far.

During interview and review of the facility's admission and discharge log conducted with Staff A, on beginning at approximately 9:30 AM, she was asked how many residents currently live at this facility. She replied, "Three". The surveyor inquired why the admission and discharge log only noted one current resident (Resident #2). Staff A could not provide an explanation. No further documentation or explanation was provided at this time.

Class
Uncorrected

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

Based on record review and an interview, the facility failed to maintain a written work schedule which reflects the facility's 24 hour staffing pattern for a given time period.

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The findings included:

On at 10:09 PM the written work schedule was requested from the Administrator. She stated she had not documented a schedule showing the 24-hour pattern of staff working at the facility. There was no staffing schedule available for review. At this time she confirmed that she have 3 staff members Staff A, Staff B and Administrator.

The Administrator confirmed the findings and provided no further explanation.

Class

Uncorrected

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 3 of 3 sampled staff (Administrator, Staff A and Staff B).

The findings included:

During review of the facility's background screening clearing house roster conducted with the Administrator on at 3:06 PM, she confirmed the findings of Staff A and Staff B currently working as direct care staff and herself as the Administrator the employee roster was not updated to reflect them as current staff.

Unclassified
Uncorrected

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, interview, and record review it was determined the facility failed to obtain a level 2 background screening for any person seeking employment with the licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients/residents or have access to resident's personal property, or living areas for 1 of 2 sampled staff and family member residing inside of the home over

The findings included:

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Upon entrance into the facility on [redacted] at 8:45AM, Staff A answered the door. She was informed of the purpose of the inspection. Staff A advised the Administrator that I was there to complete a reinspection. Staff A confirmed that she was an employee working at the facility. An interview was conducted on at 9:06 AM with the Administrator to inquire how long Staff A had been employed at the facility. The Administrator replied Staff A has been working with her for about 60 days or more.

During record review of the background screening website Staff A could not be located. The survyor requested the Administrator to show proff that a background was completed, the Administrator stated she have no proof of completing a background screening.

During record of the facilities background screening it was revealed that neither Staff B or the family member had a background screening.

On [redacted] at 10:18 AM the Administrator was advised of the findings. The Administrator confirmed the findings and provided no additional documentation or explanation.

Unclassified
Uncorrected