

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/22/2019  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966894</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>05/03/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESTVIEW PLEASANT LIVING, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2140 NW 126 STREET</b><br><b>MIAMI, FL 33167</b> |                                                                 |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |                                                                 |
| <p><b>0000 - Initial Comments</b></p> <p>A Revisit to a Biennial Survey was conducted at Westview Pleasant Living, Inc. on 05/03/19. Deficiencies were identified at the time of the survey:</p> <p><b>0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC</b></p> <p>Based on observation, record review, and interview, the facility failed to have a complete medical examination within 30 days of admission for one of five sampled residents (Resident #4).</p> <p>Findings included:</p> <p>On . . . . . at 10:18 AM observed Resident #4 in the facility's living room area.</p> <p>Review of the residents' record on . . . . . revealed the facility did not have a health assessment for Resident #4, who was admitted on . . . . .</p> <p>In an interview on . . . . . at 12:37 PM, Staff B stated "I know. Her doctor keeps give me a hard time to get it to me. I have been there. A family member said he was going to get it. I am going to get another doctor to do it."</p> <p>Class III</p> <p><b>0160 - Records - Facility - 58A-5.024(1) FAC</b></p> <p>Based on record review and interview, the facility failed to have documentation on . . . . . precaution policies and procedures readily available.</p> <p>Findings included:</p> <p>On . . . . . at 11:10 AM observed Resident #2 walking with a walker.</p> <p>A review of the residents' record on . . . . . revealed that Resident #4 had a documentation from a health care provider that stated " . . . . . precautions." Review of Resident #2 stated "ambulate with a walker. However, . . . . . precautions was not completed.</p> <p>A review of the facility's policies and procedures on . . . . . showed no documentation of its . . . . . policies</p> |                                                                                              |                                                                 |

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| <p>and procedures.</p> <p>In an interview on . . . at 12:37 PM, Staff B stated "okay, we have that. We have a policy and procedure. We have other books let me call the staff so that she can give it to you." The facility's . . . policies and procedures were not provided.</p> <p>Class III</p> <p><b>0162 - Records - Resident - 58A-5.024(3) FAC</b></p> <p>Based on record review and interview, the facility failed to have a complete record for three out of five sampled residents (Resident # . . . #4).</p> <p>Findings included:</p> <p>A review of the facility's residents record on . . . revealed the following: - precautions on Resident #2's health assessment dated . . . was not completed. Special precautions and nursing/treatment/ . . . , service requirements on Resident #3's health assessment were not completed. The facility did not have a Power of Attorney on file for Resident #4 whose contract was signed by a family member.</p> <p>In an interview on . . . at 12:37 PM, Staff B stated ""a family member supposed to be bringing us that (the POA). We are waiting for that as well. He keeps traveling. He showed it to me once when I went to visit her prior for her to move to this home. I know. Her doctor keeps give me a hard time to get it to me. I have been there. A family member said he was going to get it. I am going to get another doctor to do it."</p> <p>Class III</p> |                                                                                        |                                                           |