

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967009	(X3) DATE SURVEY COMPLETED 04/25/2019
NAME OF PROVIDER OR SUPPLIER VEREDA NUEVA	STREET ADDRESS, CITY, STATE, ZIP CODE 12412 SW 215 LANE MIAMI, FL 33177	

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

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

Based on record review and interview the facility failed to register with the clearinghouse and maintain the employment status of two out of five employees within the clearinghouse (Staff D and E).

Findings as follow:

Staffing schedule review showed Staff D as a facility employee. The clearinghouse database review showed Staff D was not registered in the facility roster but Staff E was registered.

On 04/25/2019 at 12:30 PM the Administrator stated that Staff D was recently hired and Staff E was not a facility employee anymore. The Administrator acknowledged the roster was not updated.

unclassified.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2019
FORM APPROVED

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0000 - Initial Comments A re-licensure and complaint (#2019004491) survey was conducted at Vereda Nueva on The provider had the following deficiencies identified at the time of the survey: 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview the facility failed to have a power of attorney for one out of four residents (Resident #2). Findings as follow: Record review showed Resident #2's contract was signed by a family member. Further record review showed the facility did not have evidence of a power of attorney for Resident #2. On at 12:30 PM the Administrator stated the power of attorney was in records but someone took it from resident's record. Class III		