STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966032	06/29/2015
NAME OF PROVIDER OR SUPPLIER **VI AT AVENTURA**	STREET ADDRESS, CITY, STATE, ZIP CODE **19333 WEST COUNTRY CLUB DRIVE** **MIAMI, FL 33180**	

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

0000 Initial Comments

An Abbreviated Biennial survey was conducted on , 2015. Vi At Aventura had the following deficiencies at time of the survey:

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to notify the Agency (AHCA) of a change in facility administrator, within 10 days of the change.

Findings included:

Review on of the facility information on Florida health finder website revealed that the current Administrator was not listed as the facility's Administrator. Further record review on revealed that there was no documentation to proof a change of the facility's Administrator was submitted to the agency.

Interview with the facility's Administrator on at 10 am revealed that she was the current facility's Administrator, and she stated she sent the application for the change of Administrator to AHCA already; however, she could not find the documentation at time of survey.

Class III

0081 Training - Staff In-Service

Based on record review and interview the facility failed to provide documentation ensuring that two out of six of sampled staff (B and D) who provide direct care to residents received the required in-service training within 30 days of employment.

Findings included:

Record review on of facility's staff schedule showed Staff B (hired) worked 7 AM to 3 PM Mondays through Friday and Staff D (hired) worked Sunday through Saturday. Both staff member did not have documentation that they received in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.

Interview on at 54:30 PM the Administrator stated the staff members did the training but did not have the documentation available for review.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0082 Training -

Based on record review and interview the facility failed to ensure one out of six (A) sampled staff complete the one time education course on 2 hours and training .

Findings included:

Record review found Staff A (hired) had no documentation proving she received the training.

Interview on at 54:30 PM with the Administrator stated that they did the training but did not have the documentation available for review.

Class III

0090 Training -

Based on record review and interview the facility failed to ensure that five out of six (B, C, D, E and F) sampled staff have the training in ( ).

Findings included:

Record review conducted on revealed Staff B (hired date), Staff C (hired date), Staff D (hired date), Staff E (hired date) & Staff F (hired date) did not have the training.

Interview the Administrator on at 3:30 PM, she acknowledged Staff B, C, D E & F did not have the training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Vi At Aventura
19333 West Country Club Drive
Miami, FL 33180

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial licensure survey that was conducted on , 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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