STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966265	**03/22/2018**
NAME OF PROVIDER OR SUPPLIER **BUENA VISTA HEALTH CARE II, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7968 W 14 COURT** **HIALEAH, FL 33014**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2018. Buena Vista Health Care II, Corp. (license # 10490) had deficiencies identified at the time of the survey:

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

Based on records review and interview the facility failed to provide evidence of a negative statement on an annual basis for 3 out of 4 sampled staff (A, B and D).

Findings included:

Record review revealed that Staff A (Administrator) had the last test read on ; Staff B on and Staff D on .

On at 11:33 AM Administrator stated, "I have mine in my computer but I cannot open it. Staff B's is good for 2 years because she had the X-ray and Staff D needs to have it done."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review and interview the facility failed to provide documentation of an annually updated physician's order for the use of half side rails for one out of five sampled residents (# 5).

Findings included:

During tour of the facility of at 8:40 AM observed Resident # 5 sleeping in bed with half bed rails up.

Record review of Resident # 5 revealed that the prescription for half bed rail was written by the primary care physician on .

On at 11:40 AM Administrator stated, "Resident # 5 requires assistance to get in and out of bed. She needs the new prescription."

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

Class III