Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967709	A. BUILDING: _____ B. WING _____	10/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA'S ALF 2 INC	16116 TAMPA STREET LUTZ, FL 33548

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (Complaint Number: 2021014014) was conducted at Villas 2 Assisted Living Facility on and . Deficiencies were identified at the time of survey.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure they had sufficient qualified staff, with all required trainings and background screening to provide services and oversight and ensure the safety and well-being of all six residents of the facility (Residents #1-#6). Findings Included: In an observation on [redacted] at 7:00am to 7:30am no staff answered the door. In an observation on at 7:30 am Staff A arrived for work, there was a woman observed in the facility that was identified by Staff A in	A 025		

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A 025	Continued From page 2 Spanish as a volunteer. Staff B (volunteer) stated in Spanish that she did not open the door to us because she was not ready. In an observation on at 7:40am Staff B was observed providing care to Resident #5. In an interview on at 8:01am Staff B stated in Spanish "I worked last night; I work some nights when they need me." In a review of the staffing schedule for conducted on there were 208 scheduled staffing hours for the required 212 for a census of 6 residents, and the Administrator was scheduled to work 7:00pm-7:00am. In an interview with the Manager conducted at 8:45am on regarding the 7:00pm-7:00am schedule where the Administrator is scheduled in the facility Monday through Friday but was not in the facility at 7:30am when we entered, she agreed he was not able to come in and that Staff B was there instead. In a review of the Manager's employee file conducted on the background screening on file was dated with a termination date for prior employment of . In an interview with the Director of Nursing from the home health agency, she stated that Resident #4 was receiving services but was unable to say what services or why there were no notes from staff providing services. Additionally, she said the resident had a , to his heel that was being treated.	A 025		

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A 025	Continued From page 3 In an interview with the Manager on at 8:22am she said she was aware that Resident #4 required more care than they could give, the hospital said they had to take him . . . and the family had disregarded their 45-day notice. Additionally, she said Resident #4 received , , , , and nursing services from Advantage of Life but was unable to provide sign in logs for home health staff, progress notes or confirm what care was being provided and when. Class II	A 025		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents — Staff Hours/Week 0-5 — 168 — 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in	A 079		

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A 079	Continued From page 4 subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and [illegible] ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or [illegible] courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and [illegible]. 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least [illegible] must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a	A 079		

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A 079	Continued From page 5 calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision	A 079		

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A 079	Continued From page 6 and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020,	A 079		

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A 079	Continued From page 7 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to provide the required minimum weekly staffing hours required for the facility census of 6. Findings included: In a review of the staffing schedule for , 2021 conducted on there were 208 scheduled hours for the required 212 for a census of 6 residents and the Administrator was scheduled to work 7:00pm-7:00am. In an observation on from 7:00am-7:30am no staff answered the door. In an observation on At 7:30am Staff A arrived for work who was able to gain entrance, there was a woman observed in the facility that was identified by Staff A as a volunteer that opened the door to Staff A. In an interview with the Manager conducted at 8:45am on regarding the 7:00pm-7:00am schedule where the Administrator is scheduled in the facility Monday through Friday but was not in the facility at 7:30am when we entered, she agreed he was not able to come in and that Staff B was there instead. In a review of the staff schedule conducted on , there were a total of 208 hours scheduled each week of the required 212 hours for the census of 6 residents. The Manager was scheduled to work weekly on Saturday and Sunday for 24 hours each day.	A 079		

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A 079	Continued From page 8 In an observation on /20211 at 1:00am no staff opened the door. An interview on at 1:00 a.m. with Staff B (volunteer) she stated I did not open the door because since I have been here no one has ever come to bother at night. Yes, I'm alone, I'm here until about 8:00 a.m. after I help with the residents in the morning. A phone interview on at 1:05 a.m. with Staff A she stated she is asleep and cannot answer any questions. An observation on /202 at 1:07 a.m. staff B(volunteer) was overhead speaking to Staff A stating I had to open the door, I will tell them I 'am a volunteer because Marvin couldn't not find staff and called her. An interview on at 1:10 a.m. Staff B stated she is here as volunteer. She was a nurse in Cuba. She confirmed she did not have / First aid. An attempted interview was conducted via telephone with the Administrator on at 1:15 a.m. The Administrator did not answer the phone, he did not show up to the facility during survey. Class III	A 079		