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
	AL11966014	A. BUILDING: _____ B. WING _____	10/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA NORA ALF	4040 WEST 10 COURT HIALEAH, FL 33012

(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 biennial re-licensure survey was conducted at Villa Nora ALF on [redacted]. Deficiencies were identified at the time of the survey.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [redacted] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [redacted], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	A 054		

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A 054	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the medication observation record (MOR) was immediately updated each time the medication is offered or administered for 4 out of 6 sampled residents (Residents's #3, #4, and #6). Findings included: Review Resident #3 MOR showed on the following medications were not signed: 8 pm dosage of 10 mg, haclopen 10 mg, 3.125 mg, 1% gel, 24-26, 60 0 mg, 10 mg, silver 1%crm, and 15 mg for and 8 AM dosage of , 5 mg, , 81 mg, 3.125 mg, sodiul 1% gel,, SOD 100 mg, 60 mg, 24-26, 325 mg, 600 mg, 10 mg, multi tabs, silver 1% crm, and Vit , c/tabs for . Review of Resident #4 MOR showed the following medications not signed: 8 PM dosage for and 8 AM dosage for for , 325 mg, famotidibe w20 mg, 5 mg,8 PM dosage for of 20 mg, mirtazipine 7.5 mg, 8 AM dosage for of Vit D 2 1.25 mg, , ER 60 mh, 50 mvg, HBR, and 7 pm dosage for of 0.4 mg. Review of Resident #6 MOR showed the following medications not signed: 5 PM dosage of sol 0.15% for , 9 PM dosage of tab 3 mg 9 AM dosage of ,	A 054		

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A 054	Continued From page 2 CHW 81 mg, arvedilol tab 3.125, ... tab 1 mg, cap 0.4 mg for , and 7 AM dosage of levothyroxin tab 75 mcg On at 9:55 AM the administrator acknowledged the MORS were not signed. The Administrator stated, "Staff B and C worked last night." On at 9:59 AM Staff B stated, "I forgot to sign the book." Class III	A 054		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable . . to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, ... or other furniture designed for	A 152		

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A 152	Continued From page 3 storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to have a safe living environment free of hazards. Finding Included: Observation on at 7:15AM revealed a side patio area with wood debris. During an interview on at 9:54AM, the administator stated "I didn't like how the side of the house looked, I removed it yesterday, in an hour they will be here to pick up the debris. I am in the process of redoing the side of the house." Class III	A 152		