

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963890	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/21/2021
NAME OF PROVIDER OR SUPPLIER VILLA ONI II		STREET ADDRESS, CITY, STATE, ZIP CODE 5401 SW 98 COURT MIAMI, FL 33165		
(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
CZ000	Initial Comments A wellness monitor was conducted at Villa Oni, Inc on _____. A deficiency was identified at the time of survey.	CZ000		
CZ827	408.812 FS; 408.8065(3) FS Unlicensed Activity 408.812 Unlicensed activity.- (1) A person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license. (2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients, and constitutes _____ and neglect, as defined in s. 415.102. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency. (3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the agency, such person or entity fails to cease operation, the person or entity is subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of operation is a separate	CZ827		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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CZ827	Continued From page 1 offense. (4) Any person or entity that fails to cease operation after agency notification may be fined \$1,000 for each day of noncompliance. (5) When a controlling interest or licensee has an interest in more than one provider and fails to license a provider rendering services that require licensure, the agency may revoke all licenses, impose actions under s. 408.814, and regardless of correction, impose a fine of \$1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained or the unlicensed activity ceases. (6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules. (7) Any person aware of the operation of an unlicensed provider must report that provider to the agency. 408.8065 Additional licensure requirements for home health agencies, home medical equipment providers, and health care clinics.- (3) In addition to the requirements of s. 408.812, any person who offers services that require licensure under part VII or part X of chapter 400, or who offers skilled services that require licensure under part III of chapter 400, without obtaining a valid license; any person who knowingly files a false or misleading license or license renewal application or who submits false	CZ827			

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CZ827	Continued From page 2 or misleading information related to such application, and any person who violates or conspires to violate this section, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the provider was found to be operating an unlicensed assisted living facility, providing personal care services and assistance with self-administration of medications for three out of three sample residents (Resident #1, Resident #2, and Resident #3). Finding include: A) During a closure monitoring conducted on _____, the unlicensed facility was found operating as an assisted living facility without the required license. A review of the Florida Health Finder on _____, showed the unlicensed facility license was denied renewal on _____. Further review of the Florida Health Finder showed the Owner (Staff A) is the owner of a license facility and the undefined/ unlicensed facility. At 9:40 AM on _____, during a tour of the unlicensed facility, it was observed that the facility had three residents living in the facility. Two of those residents were receiving hospice care services. It was also observed that Staff B was living at the facility. In an interview with Staff A (Owner) on _____	CZ827			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VILLA ONI II

**5401 SW 98 COURT
MIAMI, FL 33165**

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CZ827	Continued From page 3 at 9:50 AM, Staff A stated that Certified Nursing Assistants provided all the services as it relates to bathing, feeding, and other activities of daily living to the residents. Staff A also stated that "I assist with medication administration. Staff [B] and I take care of the hospice residents and that hospice staff come to the facility every day to provide care to the two hospice residents." B) A review of Resident #1 Demographic Sheet on, showed that the resident was admitted to the facility on A review of Resident #1 Agreement for Care (facility contract) on, showed that the resident signed the contract on, The resident agreed to pay the facility \$1,500 per month in rent. Per facility contract, the facility agreed to provide the resident with the following services: assistance or supervision with bathing, grooming,, eating, or walking as necessary and supervision of self-administered medications. A review of Resident #1 Health Assessment dated, showed that the resident had a medical history and diagnosis of, type 2, major, and, The resident required total care with ambulation, bathing,, grooming, toileting, and transferring. The resident needs assistance with eating. The resident needed assistant with self-administration of medication. The resident was under hospice care. C) A review of Resident #2 Demographic Sheet on	CZ827		

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CZ827	Continued From page 4 , showed that the resident was admitted to the facility on A review of Resident #2 Agreement for Care (facility contract) on, showed that resident signed the contract on, The resident agreed to pay the facility \$1,000 per month in rent. Per facility contract, the facility agreed to provide the resident with the following services: assistance or supervision with bathing, grooming,, eating, or walking as necessary and supervision of self-administered medications. A review of a facility letter signed by Resident #2 guardian and Staff A, dated, stated "I have received a letter informing that I need to locate a new home for my family member". A review of Resident #2 Health Assessment dated, showed that the resident has a medical history and diagnosis of, type 2, and pure, As for activities of daily living (ADL), the resident needed assistance with ambulation, bathing,, and grooming. The resident required supervision with toileting. The resident was independent with eating and transferring. The resident needed assistance with self-administration of medication. D) A review of Resident #3 Demographic Sheet on, showed that the resident was admitted to the facility on A review of Resident #3 Agreement for Care (facility contract) on, showed that the resident's guardian signed the contract on, The resident agreed to pay \$1,000 per	CZ827			

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CZ827	Continued From page 5 month in rent. Per facility contract, the facility agreed to provide the resident with the following services: assistance or supervision with bathing, grooming, _____, eating, or walking as necessary and supervision of self-administered medications. A review of Resident #3 Health Assessment dated _____, showed that the resident has a medical history and diagnosis of _____. As for _____, and _____. As for activities of daily living, the resident required assistance with ambulation, bathing, _____, eating, grooming, toileting, and transferring. The resident required medication administration. Resident #3 was receiving hospice care services. Unclassified	CZ827			