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
	AL11964423	A. BUILDING: _____ B. WING _____	01/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA MARIA PIA	320-22 NW 43 PL MIAMI, FL 33126

(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, with limited nursing services and limited mental health was conducted at Villa Maria Pia on . Deficiencies were identified at the time of 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 [illegible] 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 [illegible], 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 updated for one out of six sample residents (Resident #5). Finding include: In a review of Resident #5 MOR for the month of [illegible], the record did not provide any information on the resident and the name and telephone number of the resident's physician. Both sections were left blank. In an interview with Staff A on at 2:00 PM, Staff A acknowledged that the required information was not included in the Medication Observation Record. Class III	A 054		
A 152 SS=F	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	A 152		

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A 152	Continued From page 2 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 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 observations and interview, the facility failed to ensure that all existing architectural, mechanical, electrical, and structural systems, and appurtenances are maintained in good working order. The facility also failed to provide the residents with the required bedroom or sleeping area furnishings. Finding include: At 8:50 AM on , during a tour of the facility, it was observed that the residents' rooms were missing the following required furnishings: 1. . . . - one nightstand and one bedside lamp	A 152		

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A 152	Continued From page 3 2. . . . - one dresser and one bedside lamp 3. - two nightstands and two bedside lamps 4. - one nightstand and two bedside lamps 5. - two nightstands and two bedside lamps 6. - one dresser 7. . . . - two bedside lamps 8. - one nightstand and one bedside lamp In the living room, it was observed that the facility had four recliners that had worn out covers. In an interview with Staff A on at approximately 11:00 AM, Staff A acknowledge that the living room chairs cover needs to be replace and that some furniture are missing from the residents' rooms. Class III	A 152		
AN278 SS=E	59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS	AN278		

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AN278	Continued From page 4 A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health... This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct a monthly nursing assessment on each resident who receives a Limited Nursing Service (LNS) for two out of six sample residents (Resident #1 and Resident #6). Finding include: In an interview with Staff A (Administrator) on [redacted] at 10:54 AM, Staff A stated that Resident #1 and Resident #6 were receiving Limited Nursing Services care. A review of Resident #1 and Resident #6 records showed that the required monthly nursing assessments was not in file. A review of the facility Limited Nursing Service policy and procedures on [redacted], regarding nursing assessments, it stated "the nursing assessments of the residents are completed at least monthly". A review of the facility "Agreement for Nursing Services" dated [redacted], it showed that Staff D (Nurse) was appointed as the facility Limited Nursing Service Nurse.	AN278		

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AN278	Continued From page 5 In an interview with Staff D on at 1:07 PM, he stated that he did not know that he was required to complete a monthly nursing assessment on each of the residents receiving LNS services. Class III	AN278		