STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968097	07/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
River Villas Alf, Inc	560 Nw 1 Street Miami, FL 33128	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial of River Villas Assisted Living Facility (ALF) was conducted on , 2013. There were deficiencies identified at the time of this survey.

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview facility failed to have a current daily medication record in the Medication Observation Record (MOR) for 1 out 2 sampled residents.

Findings includes:

Record review found Resident #3 has not received the medication Quitapine 300 mg (8:00 PM) and 30 mg (8:00 PM dose) since . Further review of resident #3 MOR found the resident name along with any type of information relatting to the residents known .

Interview conducted with the facility administrator on at 1:00 pm, stated she could not explain why resident #3 did not have his name in the MOR.

Class III

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

Based on record review and interview the facility failed to maintain time sheets for all the staff.

The findings include:

Facility record review found that there were no time sheets available for review.

Interview conducted with the facility administrator on at about 10:00 a.m. revealed that the facility staff did not sign time sheets.

Class III

AHCA
AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
River Villas Alf, Inc
560 Nw 1 Street
Miami, FL 33128

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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