

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/19/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932401	(X3) DATE SURVEY COMPLETED 08/05/2013
NAME OF PROVIDER OR SUPPLIER Villa Rio Vista	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 Se 6th Terrace Fort Lauderdale, FL 33316	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0055-Medication - Storage And Disposal-08/05/2013
 0078-Staffing Standards - Staff-08/05/2013
 0081-Training - Staff In-Service-08/05/2013
 0082-Training - Hiv/aids-08/05/2013
 0090-Training - Do Not Resuscitate Orders-08/05/2013
 0092-Food Service - General Responsibilities-08/05/2013
 0152-Physical Plant - Safe Living Environ/other-08/05/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 20, 2013

Administrator
Villa Rio Vista
1115 SE 6th Terrace
Fort Lauderdale, FL 33316

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 5, 2013 by a representative from this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso

Enclosure: State form 5000-3547

DT9D

