STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953233	07/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Serena Ii	60-62 Nw 33 Avenue Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced standard state re-licensure survey was conducted in your Assisted Living Facility on . Villa Serena II had deficiencies found at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview facility failed to obtain a complete Health Assessment for 1 out 2 sampled residents (#1).

Findings include:

Record review for resident #1 revealed that he was admitted to the facility on - . Further review revealed that the Health Assessment for the resident that was dated did not include the list of the current medications for the resident.

Administrator acknowledged the findings on at 2:00 pm

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interview facility failed to provide activities.

Findings include:

Observation during the course of the survey revealed no activities offered to the residents.

Interview with resident #1s spouse that came to visit him on at 10:42 a.m. revealed that at no time she saw activities taking place in the facility.

Interview with resident #6s ex-spouses that came to visit him on at 11:20 a.m. revealed that at no time she saw activities to be offered in the facility.

Interview with resident #1 on at 11:50 a.m. revealed that he never participated in activities in the facility.

Interview with resident #2 on at 12:10 pm revealed that she never participated in activities in the facility.

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Villa Serena Ii	60-62 Nw 33 Avenue Miami, FL 33125	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Administrator acknowledged the findings on at 2:00 pm

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview facility's staff (#6) failed to follow appropriate procedure when assisted resident #2 with herself administration of her medication.

Findings include:

Observation on at 8:15 a.m. found that resident #2 was sitting at dining table having breakfast. A napkin with all her a.m. medications found next to her plate. Staff #6 stated on at 8:16 a.m. that she placed the medications there. Staff was observed going in various areas of the facility, cleaning, providing care to other residents. Staff did not observe resident #2 taking her medications. Resident #2 took her last pill on at 8:35 a.m.
Staff was not observed marking the Medication Observation Record (MOR).

Administrator acknowledged the findings on at 2:00 pm

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview facility failed to have medications locked at all times.

Findings include:

Observation on at 8:00 a.m. found that the medication cabinet where all resident medications kept found to be unlocked. Cabinet remained unlocked for the course of the survey.

Administrator acknowledged the findings on at 2:00 pm

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Villa Serena II
60-62 Nw 33 Avenue
Miami, FL 33125

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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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