STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968273	10/28/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Linda Inc	670 W 72nd Pl Hialeah, FL 33014	

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

List of Tags Cited:
St - A - 0028 - 58a-5.0182(4) Fac - Resident Care - Activities Of Daily Living S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0121 - 58a-5.021(2) Fac - Fiscal - Accounting Procedures S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Survey CCR#2013007611 was conducted on , 2013 and , 2013. Villa Linda Inc. had deficiencies found at the time of the visit

0028-Resident Care - Activities of Daily Living 58A-5.0182(4) FAC

Based on observation, record review and interview, the facility failed to ensure 1 out of 6 (#6) residents were encouraged to be as independent as possible in performing ADLs.

Findings include:

Observation conducted on at 11:41 AM revealed staff B feeding resident #6 lunch. A review of resident #6 ' s health assessment dated revealed she needs supervision (ambulation, eating, , toileting) and Assistance (bathing, dressing, transferring).

On at 12:27 PM the administrator acknowledged the findings and stated resident #6 has Parkinson's so it is probably hard for her to feed herself.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on record reviews and interview the facility failed to demonstrate that their written grievance procedure had been implemented upon receipt of a complaint for 1 out of 7 (#7) sampled residents.

Findings include:

The facility ' s complaint policy for residents revealed " all resident ' s complaints will be filed and submitted to administrative staff ... within 24 hours of submission a verbal response to the complaint will be given. If the response is not satisfactory, then a grievance meeting will take place with resident and administrative staff. Which will then lead to resolving the problem to their satisfaction. "

A review of the complaint form filed in discharged resident #7's record revealed that it did not contain any information regarding complaints made by discharged resident #7 and no resolutions by the administrative.

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On at 2:17 PM, the administrator acknowledged receiving complaints from discharged resident #7 regarding the meals served and staff other residents using his peanut butter without obtaining authorization from discharged resident #7.

Class III

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

Based on record review and interview, the facility failed to maintain an accurate medication observation record (MOR) for 1 out of 6 (SR#5) residents.

Findings include:

Record review on ar 12:11 PM revealed resident #5 MOR was premarked for his 7:OO PM medciation.

On at 12:11 PM, the administrator and staff B acknowledged the findings.

Class III

0121-Fiscal - Accounting Procedures 58A-5.021(2) FAC

Based on record review and interview, the facility failed to provide residents, who they are the representative payee of, with monthly and quarterly statement for 2 out of 6 (#2, #3)sampled residents.

Findings include:

Record review revealed the provider is the representative payee for resident #2. Further record review revealed no documentation showing the facility provided residents #2 with monthly and quarterly statements.

On at 1:14 PM the administrator stated that she is also the representative payee for resident #3 but she had left the documentation at home. The administrator acknowledged that she had not provided residents (#2, #3) with monthly and quarterly statements.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview, the facility failed to maintain an up to date admission and discharge log.

Findings include:

A review of the facility's admission and discharge log revealed that it did not accurately account for residents who were admitted and discharged from the facility.

On at 1:52 PM, the administrator reviewed the admission and discharged log then acknowledged the

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findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Villa Linda Inc
670 W 72nd Pl
Hialeah, FL 33014

Re: CCR # 2013007611

Dear Administrator:

This letter reports the findings of a state complaint 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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