STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967677	10/07/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Serena V	2750 N W 6 Street Miami, FL 33125	
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 - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - Z806 - 59a-35.040, Fac - Change Of Address S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey (CCR#2013010354) was conducted at Villa Serena V on . Deficiencies were identified during the survey.

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

Based on interview and record review, the facility failed to immediately update the Medication Observation Record (MOR) each time a resident was offered medication for 1 of 3 sampled residents.

Findings include:

Record review of the current MOR for resident #2 revealed the 8:00 am doses for the following medications were not signed as given: and . The 7:00 am doses for the following medications were not signed as given: , and . The following doses of were not signed as given: at 1:00 pm and 7:00 pm and at 7:00 am. The following doses of were not signed as given (at 7:00 am and at 7:00 am.

Interview with staff #1 and staff #2 at 3:00 pm revealed they confirmed resident #2's MOR was missing signatures indicating the medications were given on the above referenced days.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

Based on observation, interview, and staff interview, the facility failed to provide 1 of 3 sampled residents with the physician ordered diet (#1).

Findings include:

Observation on at 12:40 pm revealed staff #3 took the lunch meal into resident #1's fed her while the resident was in bed. The lunch meal consisted of picadillo (ground beef), black beans, and rice.

Interview with staff #1 and staff #3 on at 1:06 pm revealed they explained that staff #3 placed the picadillo, rice, and beans into a bowl and manually mashed them up together.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967677	10/07/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Serena V	2750 N W 6 Street Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Record review of resident #1's file revealed a physician order for a puree diet.

Continued interview with staff #1 revealed she stated resident #1 did not like the puree food. She was able to produce the puree food from the refrigerator. She also stated that the resident's physician had approved serving the resident food in the form observed earlier. However, there was no documentation from the physician to confirm he had approved the change.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, interview, and record review, the facility failed to note substitutions on the posted menu prior to meal service.

Findings include:

Record review of the posted menu for lunch on revealed the following listed meal: meatloaf, white rice, green beans, mixed salad, salad dressing, and gelatin. There was a noted substitution of black beans for green beans.

Observation of the lunch meal revealed the following was served to the residents: picadillo, white rice, black beans, and corn. Three residents were also served peaches. There was no meatloaf, no salad, no salad dressing, and no gelatin observed during the lunch meal.

Record review of the facility's menus since 2012 revealed there was not a single substitution noted on any of the menus other than the one referenced for .

Interview with staff #1 on at 3:00 pm revealed she confirmed the menus had no noted substitutions. She acknowledged that there were days during that period when substitutions were served and said they should have been noted on the menus.

Class III

Z806-Change of Address 59A-35.040, FAC
Based on observation, interview, and record review, the facility failed to notify the Agency for Healthcare of Administration of a change in licensed capacity. This affected 1 of 3 sampled residents (#2) who was identified by staff as independent living, but was receiving assistance/supervision with medication management and meals.

Findings include:

Interview with staff #1 on at 9:32 am revealed they have 6 residents in assisted living and one independent living resident in the main building. She explained there are 2 residents in independent living in the efficiency out back. She identified the gentleman sitting in the wheelchair on the side of the facility as sampled resident #2.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967677	10/07/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Serena V	2750 N W 6 Street Miami, FL 33125	

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

Review of the admission/discharge log revealed there were 6 residents listed and resident #2 was not one of them.

Observation on at 9:40 am revealed the facility's manager obtained a box of resident #2's medications from a cabinet above the facility's refrigerator.

Interview with staff #1 on at 9:49 revealed they do housekeeping and laundry for resident #2 in addition to providing meals and assisting with medication. She explained that he has a day care contract which allowed them to assist with his medications.

Interview with staff #2 on at 10:01 am revealed the health assessment noted resident #2 requires supervision for all Activities of Daily Living (ADLs) but he refuses any assistance and the doctor said he can go out whenever he wants to do so. She indicated resident #2 schedules his own doctor's appointments and stays outside all day long.

Observation of resident #2's living quarters on at 10:07 am revealed he occupied the the first floor of the two story efficiency referenced above.

Interview with the resident #2 on at 10:15 am revealed he said he gets medications three times a day from inside the facility, at breakfast, lunch, and at dinner.

Record review of resident #2's file revealed it contained a health assessment dated . It noted resident #2 had mobility limitations and needed precautions. The assessment noted resident #2 needs supervision with all ADLs to include ambulation, bathing, dressing, eating, self care ( ), toileting, and transferring. On page 2 Section D of the health assessment it asked, "In you professional opinion, can the individual's needs be met in an assisted living facility, which is not a medical, nursing, or facility?" The space next to "Yes" had a check mark. Section 2-B on page 4 of the health assessment asked, "Does the individual need help with taking his or her medications?" The space next to "Yes" had a check mark. Immediately under that question there was a checked box which read, "Needs assistance with Self-Administration of Medications." The health assessment was signed by the examining physician.

Record review of resident #2's Medication Observation Record (MOR) revealed he received 8 medications in tablet form to include , , (a combination blocker and used to treat high , , and), (used to treat high and failure), (used to treat pain, , , and other diagnoses), (used to treat high , failure, and other diagnoses), (used to treat high), (used to treat), and (used to treat high and).

Further record review revealed resident #2's file contained a certification of medical necessity for medicaid assistive care services form which stated, "This is to certify that this recipient is in need of an integrated set of assistive care services on a 24-hour basis, including at least two of the following four service components on a daily basis." All four components were checked including, "Assistance with daily living, which is defined as individual assistance with ambulating, transferring, bathing, dressing, eating, , and/or toileting" and "Assistance with self-administration of medication, which is defined as assistance wit or supervision of self-administration of medication as permitted by law." The document date back to .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967677	**10/07/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Serena V	**2750 N W 6 Street Miami, FL 33125**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Additional review of resident #2's file revealed there was an independent living agreement (dated), an adult day care contract (dated), and an Assisted Living Facility contract (dated).

Further record review revealed the facility maintained progress notes for resident #2 indicating that he needs assistance. The facility also maintained a weight log for resident #2.

Lastly, in resident #2's file, there was a Department of Children and Families (DCF) "Notice of Case Action" document indicating the resident received . Review of Florida Administrative Code 65A-2.032(7) notes, "An eligible individual must be living in a licensed Assisted Living Facility as defined in Section 429.02(5), F.S.; a licensed Adult Family Care Home as defined in Section 429.65(2), F.S.; or a licensed Mental Health Residential Treatment Facility as defined in Section 394.67(22), F.S. Additionally, the facility must meet the individual ' s needs based on objective medical and social evaluations and care plans, in accordance with Chapter 58A-5, 58A-14 or 65E-4, F.A.C., respectively."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Villa Serena V
2750 N W 6 Street
Miami, FL 33125

Re: CCR #2013010354

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 12/03/2013 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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121