STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911382	10/29/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Oni, Inc	3030 Sw 95 Court Miami, FL 33165	
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 - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey of your Assisted Living Facility Villa Oni Inc.was conducted on . At the time of the survey deficiencies were identified.

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

Based on record review and interview facility failed have a health assessment for 1 out 7 sampled residents.

Findings includes:

Record revealed that the facility did not have a Health Assessment (AHCA Form 1823)for resident #7 (admission date known.)

Interview with owner/administrator in regards to resident #7's status at the facility, Staff member A. (owner/administrator) stated that resident #7 is a friend's mother and is not a real resident of the facility. She (resident #7's) daughter and owner came up with a deal to have her mother dropped off to the facility during the daytime hourswhile she went to work and would pick her up after her work. No payment was being paid to the owner for this favor. By speaking with the assist administrator by phone she confirmed the findings and also confirmed The head count as 7 residents when the owner stated it was only 6.

Class III

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

Based on record review and interview facility failed to have 1 out 7 residents documented on the facility's Admission/Discharge log.

Findings includes:

Record reviewed revealed that resident #7 information is not documented on the facility's admission/discharge log.

Interview with administrator-owner on at 2:00 pm, confirmed the findings in regards to resident #7 not being document to the admission/discharge log because of the deal between the owner and the resident's daughter in which the resident will go to the facility while her daughter was at work.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911382	10/29/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0167-Resident Contracts 58A-5.025(1) FAC

Based on record review and interview facility failed to have a signed contract between 1 out 7 residents sampled.

Findings includes:

Record review revealed that resident #7 did have a signed or dated contract between her and the facility on record at the time of the survey on .

Interview with administrator on at 2:00 pm, she confirmed resident #7 did not have a contract between them at any point since being left at the facility during the day time hours.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Villa Oni, Inc
3030 Sw 95 Court
Miami, FL 33165

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

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