STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966710	11/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Serena	754-56 N W 22 Cpurt Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection (CCR#2013009244) was concucted at Villa Serena on . There were deficiencies found on the survey.

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

Based on observation, interview and record review, the facility failed to dispose of abandoned medications within thirty days as required. This was evident for 1 of 10 sampled residents (#10).

Findings include:

Observation on at 12:44 pm revealed there were medications for resident #10 being centrally stored in the facility. The medications included morning doses of , Benztrpoine, , , Thera M Plus, and evening/bedtime doses of , , , and .

Record review of the admission/discharge log revealed resident #10 was discharged on .

Interview with the administrator on // at 12:50 pm revealed she confirmed the findings.

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation, interview, and record review, the facility failed to notify the Agency for Healthcare Administration of a change in its licensed capacity. This was evident for 2 of 10 sampled residents (#2 and #9).

Findings include:

Review of the facility's license revealed they were licensed for a capacity of 8 residents. Observation during the survey revealed there were 8 residents present, however, interview with the administrator on at 9:56 am revealed she stated there were 8 residents and 3 independent living clients currently residing in the facility.

1) Record review of resident #2's health assessment dated revealed it noted the resident needed supervision with bathing, self care ( ), and toileting. Additionally, the health assessment indicated the resident needed assistance with the self administration of medications.

Further record review revealed there was both an Adult Day Care contract and a residency lease agreement.

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SUMMARY STATEMENT OF DEFICIENCIES
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The residency lease agreement noted an Independent Living Facility (ILF) "is a residential apartment facility for persons who are at least and capable of adequately and independently performing all 'activities of daily living' without staff supervision or assistance [...] The ILF is not designed or licensed to care for persons requiring any staff assistance or supervision in 'activities of daily living' due to or physical limitations. Villa Serena ILF DOES NOT and CANNOT provide any caregiver assistance to a resident, including assistance with activities of daily living, personal care, assistance with medications, homemaker services, or companion services." The lease agreement was dated .

Record review of resident #2's Medication Observation Record (MOR) for the month of 2013 revealed he received 10 medications at the facility.

Record review of resident #2's "Resident Account Log" revealed he received $54.00 in Option State Supplementation ( ) on and .

2) Record review of resident #9's Health Assessment dated revealed it noted the resident needed assistance for Activities of Living (ADLs) including ambulation, bathing, dressing, eating, self care ( ), toileting, and transferring. It also noted the resident needed assistance with self-administration of medications.

Record review of resident #9's Department of Children and Families (DCF) "Notice of Case Action" dated revealed 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."

Review of the resident account log revealed resident #9 received $54.00 in funds each month for the year of 2013.

Review of resident #9's Medication Observation Record revealed it indicated the resident was receiving 9 medications at the facility.

Further record review of resident #9's chart revealed there was a residency lease agreement for independent living which noted an Independent Living Facility (ILF) "is a residential apartment facility for persons who are at least and capable of adequately and independently performing all 'activities of daily living' without staff supervision or assistance [...] The ILF is not designed or licensed to care for persons requiring any staff assistance or supervision in 'activities of daily living' due to or physical limitations. Villa Serena ILF DOES NOT and CANNOT provide any caregiver assistance to a resident, including assistance with activities of daily living, personal care, assistance with medications, homemaker services, or companion services." The lease agreement was dated .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966710	**11/12/2013**
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)

Observation on at 11:33 am revealed resident #9 entered the house and went into the . The shower was then heard running. Staff member #2 entered the resident #9 with gloves on her hands. The resident came out of the a different colored shirt on than when he entered.

Telephone interview with the owner of the facility on // at 11:36 am revealed she stated it was an oversight on the facility's part for the independent residents receiving . She stated it will not continue to happen.

Observation on at 12:04 pm revealed staff #1 provided resident #9 a medication during the lunch meal.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Villa Serena
754-56 N W 22 Cpurt
Miami, FL 33125

CCR#2013009244

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,

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