STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964867	12/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Isabel	7265 Nw 5 Street Miami, FL 33126	

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 - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership survey was conducted on . Villa Isabel Assisted Living Facility had deficiencies found at the time of the visit.

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

Based on record review and interview facility failed to obtain an up to date health assessment (1823) form for 1 out of 6 sampled residents (#1).

Findings include:

Record review revealed resident #1 (admitted on) was admitted to Hospice on . Further review of residents health assessment (completed on) found that assessment indicated that the resident has a no added salt diet and needs assistance with self-administration of medication. The Health assessment did not include that the resident was under Hospice, and receives her food and medications through a Endoscopic ( ) tube.

Interview conducted with the facility caregiver on at about 2:00 p.m. confirmed that the nurse from hospice and facility nurse administer's the resident's medications and give her food through a tube.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure 2 out of 4 (Staff # B) received the required Limited Mental Health (LMH) training.

The findings include:

Record review for Staff # B (caregiver hired on) found no documentation of having received the limited mental health training.

On at about 1:30 p.m. the facility administrator stated that Staff #B did not receive the required Limited Mental Health (LMH) training.

Class: III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Villa Isabel
7265 Nw 5 Street
Miami, FL 33126

Dear Administrator:

This letter reports the findings of a state Change of Ownership (CHOW) 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

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