STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953473	**01/22/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Rose Assisted Living Facility	**6753 Carpel Drive New Port Richey, FL 34653**	
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 - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on .

The Villa Rose, assisted living facility, had deficiencies at the time of the visit.

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

Based on record review and interview, the facility failed to have a completed health assessment for 1 (#3)of 2 residents sampled for health assessments.

Findings include:

Record review of Resident #3's health assessment revealed the statement, can this individuals needs be met in an assisted living facility ,which is not a medical,nursing or facility, had not been checked yes or no. Also the health assessment had not been dated by the health care provider.

When interviewed on at 1:45 p.m. the administrator verified the health assessment for Resident #3 had two areas which had not been filled in.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to provide an updated health assessment after a significant change in condition for 1 (#7) of 2 residents sampled for health assessments.

Findings include:

Record review of Resident #7's medical record revealed the resident had been admitted to hospice on / . This was because of a deterioration in the health status regarding her .

Her last health assessment was dated and at that time, the Resident #7 was independent in ambulation and transferring and she needed supervision with toileting. She was observed on at lunch in a wheelchair and being fed by staff.

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When interviewed on at 1:45 p.m., the administrator stated Resident #7 had a decline in her health status and she was admitted to hospice but she did not know she was suppose to have a new health assessment done because of the hospice admission..

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interview, the facility failed to provide an ongoing activities program for the residents.

Findings include:

During the facility tour on , the activities calendar was observed to be posted with a list of activities for each day. There were no times listed beside the activity so the residents did not know when the activity would start.

Review of the posted activities calendar revealed it included snacks and daily television programs as daily events counting towards the 12 hour/6 day a week requirement for activities. The facility had actually only one activity per day which added up to 6 hours instead of 12 hours a week.

Random resident interviews revealed the facility's activity program was almost non-existent. The residents stated that sometimes they play bingo but not too often and sometimes they kick a ball around for exercise. The residents would like more activities.

When interviewed on at 1:45 p.m., the administrator stated all the residents just want to watch TV. When she asks for suggestions for activities, the residents say they just want to watch TV.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Villa Rose Assisted Living Facility
6753 Carpel Drive
New Port Richey, FL 34653

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2014, 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Brown

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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