STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966710	02/12/2014
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)		

Revisit Corrected Tags:
0055-Medication - Storage And Disposal-02/13/2014

Revisit Repeat Tags:
Z827-Unlicensed Activity-408.812, Fs

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to Complaint CCR#2013009244 survey was conducted on 13, 2014. Villa Serena had deficiencies at time of survey.

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).

Finding include:

On at 1:24 p.m. moved to the outside , staff #b stated, " Both residents are independent living residents. " On at 1:25 p.m. resident #9 was in bed, he stated, " I eat all my meals next door (ALF) and they give me my medicine and help me if I need anything, they clean the " On at 1:27 p.m. resident #2 stated, " I get all my food here (ALF) and they give me my medications and also help me when I shower. "

On at 1:44 p.m. administrator stated, " The owner spoke Tallahassee and they said we could provide food and cleaning services to the independent living residents. "

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

CCR#2013009244 f/u

Dear Administrator:

This letter reports the findings of a revisit survey to a complaint conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , , 2014.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

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