STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953233	02/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Serena Ii	60-62 Nw 33 Avenue Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= B

Specific Tag Findings:

0000-Initial Comments

A unannounced Complaint (2013012600) Survey was completed at Villa Serena II on . There were deficiencies identified at the time of survey.

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

Based on record review and interview the assisted living facility failed to have an up to date admission and discharge log.

Findings include:

Record review found that the facility did not have an up to date admission and discharge log. Record review found that the facility did not have resident #3 written on the admission log and residents #1 and #2 did not have a discharge date on the log.

Interview with the administrator on at 9:30 a.m. confirmed that resident #3 was not written on the log. She stated that he was an independent resident and he is now a ALF resident. She confirmed that residents #1 and #2 did not have the discharge date recorded on the log. She revealed that resident #1 left on and resident #2 left on . The administrator wrote down the information on the log after the interview.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Villa Serena II
60-62 Nw 33 Avenue
Miami, FL 33125

Re: CCR #2013012600

Dear Administrator:

This letter reports the findings of a state complaint 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 after 4/23/2014 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
XO90

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