STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967799	04/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa La Esperanza Ii Llc	6021 West Paris Street Tampa, FL 33634	
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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And , S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on .

The Villa La Esperanza II, LLC, assisted living facility, had deficiencies at the time of the visit.

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

Based on record review, interview and observation, the health assessment for one of two residents sampled (#3) was incomplete/inaccurate.

Findings include:

A review of resident records during the survey revealed that the health assessment for Resident #3 (admitted) stated this individual required "total assistance w/ ambulation." Several times throughout the survey on , Resident #3 was observed walking with the assistance of one (1) staff person. In addition, the section of the health evaluation pertaining to the resident's medication self-administration functional capacity had been left blank. Further review of the file found no health care provider's assessment/orders providing clarification. An interview with the administrator at approximately 12:40 p.m. on verified that this information had not yet been obtained.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview, the facility did not fully adhere to the process of medication self-administration assistance in accordance with Rule 58A-5.0191, F.A.C.--with respect to one of one resident whose pharmaceuticals were sampled (#3).

Findings include:

The administrator demonstrated the medication assistance procedure by a) identifies each medication to be taken at the same dosage time, b) takes the medications to the dining by the resident; c) documents in advance that the resident has taken the drug; d) places tablet (s) into souffle cup; e) gives the resident the cup and observes the resident take it. The administrator violated Rule 58A-5.0191 by a) documenting in advance of the resident actually consuming the medication and b) not reading the label (s) of the drug (s) being given to the

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resident. The administrator stated in an interview at approximately 2:30pm on that "neither she nor any of her staff read/announced the name of the drug to the residents, and that this would change right away."

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview, one of two staff sampled (A) did not have current First Aid certification.

Findings include:

A personnel record review during the survey indicated that Staff A, hired , had a First Aid certificate that had expired . Further review of Staff A's file found no subsequent documentation verifying that Staff A had renewed her First Aid card. Interview with the administrator at approximately 1 p.m. on confirmed that this update was missing from the employee's record.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Villa La Esperanza II LLC
6021 West Paris Street
Tampa, FL 33634

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,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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