STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966615	01/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Serena Iii	1777 Nw 30 Street Miami, FL 33142	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was conducted on , 2014 and , 2014. Villa Serena III, ALF had deficiencies at the time of survey.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observations and staff interview the facility failed to keep the cabinet stored with medications locked at all times.

Findings include:

Observations made on at 09:30 a.m. found the medication cabinet located in the in the left corner of the dining unlocked. During tour of # , an over the counter medication " throat spray" for resident #11 was found on top of the dresser. The 3 residents and no locked containers for the medication. Pictures were taken of unlocked cabinet and the medication found in residents .

Interview with staff A at 9:30 am confirmed that staff B left the medication cabinet opened.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview the facility failed a 3-day supply of non perishable food, based on the number of weekly meals the facility serve has contracted with residents to serve, for a census of 14 residents on hand at all times.

Finding include:

During tour of conducted on , 2014 of the emergency food cabinet contained 11 cans of vegetable which were expired. There were no fruit, no protein and no enough starch available.

During tour on a large container of rice was found in resident # . Staff #C stated she did not know why the rice was stored in resident's .

Interview with administrator on stated, "The owner has not brought the emergency food yet."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Villa Serena Iii
1777 Nw 30 Street
Miami, FL 33142

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 and on 13, 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 , 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 at 305-593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:
Enclosure
XG90

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