STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966710	**05/27/2014**
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)

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

An Limited Nursing Services Monitoring Survey was conducted at on , 2014. Villa Serena had the following deficiency at time of survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interview facility failed to honor residents rights regarding use of half bed rail for 1 out of 2 sampled residents(# 1).

Findings include:

During tour of the facility on at 1:15 pm observed resident # 1 laying in bed in # with half bed rail up.

Record review of resident # 1 revealed there was no consent for use of half bed rail was found in resident # 1 record.

At 1:50 pm caregiver #A stated: "I did not know that there is no consent for use of half side rail in the record. We will get the consent."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a 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 after / 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:kb
Enclosure XG90

8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
Youtube.com/AhcaFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida