STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968273	07/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Linda Inc	670 W 72nd Pl Hialeah, FL 33014	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Villa Linda Inc. had deficiencies identified at time of survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, facility failed to ensure that 3 out of 4 (staff B, C, and D) sampled employees have evidence of a negative ( ) examination yearly.

Findings includes:

1. Record review revealed that employee B, C, and D (caretakers) did not have a copies of their recent physical examinations in their files for review during the survey. Employee B-started on - and she did not have any evidence that she received a examination. Employee C's last examination was on - and employee D's last examination was on - - . The facility failed to provide proof of updated examinations in their files.

2. Interviewed administrator at 11:00 am on - , she confirmed the findings in regards to employees B, C, D, (all caretakers) did not have their physical examination document in their files at the time of the survey.

Class III

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

Based on record review and interview, facility failed to ensure 1 out of 4 (staff D) sampled employees had and First Aid training.

Findings include:

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1. Record review revealed that employee D (caretaker) did not have a copy up to date and First Aid certifications in her file during the survey. Employee D's and First Aid training expired on . Record review revealed that staff D works the 7 pm to 7 am shift alone.

2. Interviewed administrator at 11:00 am on - , she confirmed the findings in regards to employee D. not having current and First Aid at the time of the survey.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview facility failed to have 1 out of 4 (staff D) sampled employees have at least 4 hours of medication training documented in their files. The facility failed to ensure that 1 out of 4 (staff B) had at least 2 hours of continuing education in assistance with self administration of medications.

Findings include:

1. Record review revealed that staff B did not complete her medication training annually. Her last training was dated - - . Record review found that staff D did not have documentation that she was trained in assistance with self-administered medications.

2. Interviewed administrator at 11:00 am on - , she confirmed the findings in regards to employees B/D not having their medication training documents in their files at the time of the survey.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview, facility failed to ensure that 1 out of 4 (staff B) sampled employees have a least two (2) hours of nutrition and food service training annually.

Findings include:

1. Record review revealed that employee B (caretaker) did not have a copy of her updated training in the areas for nutrition & food service training. Employee B's last training in this area was on - .

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2. Interviewed administrator at 11:00 am on - , she confirmed the findings in regards to employees B- caretaker did not have an updated nutrition & food service training documentation in her file during the survey process.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Villa Linda Inc
670 W 72nd Pl
Hialeah, FL 33014

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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