STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963757	08/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Victoria Villa	5151 S.W. 61 Avenue Davie, FL 33314	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR# 2014005600 and 2014005898 was conducted on [redacted] at Victoria Villa. The facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on interview and record review, the facility failed to ensure all sections of the Resident Health Assessment Form (AHCA 1823) were completed for 1 of 3 sampled residents (Residents #1).

The findings include:

Review of the record for Resident #1, revealed that the resident was admitted to the facility on [redacted]. The Resident Health Assessment form was not properly completed and accurately reflecting the resident medical condition. Further review revealed that Section #1 was incomplete, no documentation was noted about the resident's physical limitations, [redacted] status or requirements for nursing treatment. The resident is receiving [redacted] care for recurrent [redacted] Her current dietary requirements, including nutritional supplements are not indicated on the form. The resident's ability to perform ADL care has declined and her current needs are not documented accurately. The Section #3 to be completed by the Administrator/designee was blank. During an interview conducted on [redacted] at approximately 4:00 PM with the Assistant Administrator, she reviewed the record and confirmed the form does not accurately reflect the needs and condition of the resident at this time.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, interview and record review, the facility failed to ensure resident records accurately reflect the current health status/condition and care needs for 1 out of 3 sampled residents (Resident #1). As evidenced by lack of documentation for the assessment and monitoring of [redacted] for Resident #1.

The findings include:

Resident #1 was admitted to the facility on [redacted] with diagnoses to include [redacted] and [redacted]. Review of the resident's record revealed an 1823 Health Assessment dated [redacted] documenting the resident was independent with dressing, eating, [redacted] toileting and requires supervision with ambulation and bathing. Further assessment documents the resident has no pressure sores.

On [redacted] documentation states the "resident was admitted to the facility and a skin assessment was completed on admission". Review of the resident's record revealed a " CNA Weekly Skin Assessment on bath

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day" form completed by the Certified Nursing Assistant (CNA) and Licensed Practical Nurse (LPN) dated . The form reveals no open s,no and no open on the body. Review of the body chart reveals no documentation of any concerns on heels, only dryness. A "covered on the right hand is noted.

Review of the Nursing Notes from reveals the physician visited the resident and ordered care for the resident's right 3rd finger. There is no evidence of documentation by the facility staff of an assessment, size or condition of the right 3rd finger wounds.

Review of the Podiatrist initial visit note dated reveals on the resident's heels which were debrided and had no signs of care was ordered 3 x a week until wounds resolved.

Review of documentation in the Home Health Agency Certification and Plan of Care dated from to reveals treatment for multiple wounds on right 3rd finger, and heels. Review of the Comprehensive Assessment and Intervention form dated reveals resident has and has a risk for developing . The resident is dependent for most ADL care and is able to ambulate and transfer with assistance due to restricted mobility and limited lower extremity range of motion. She is able to feed herself independently.

On at approximately 10:30AM during an interview with the LPN she recalled that on she had been informed by the resident's CNA, that large were observed on heels. The LPN stated that the appeared reddened with fluid inside. She stated that she had not documented her observations or calls to the physician for orders. She expressed that the staff removed the resident's socks/shoes and attempted to keep the resident from applying pressure/standing until the podiatrist visit and evaluation.

Further review of the facility progress notes from until , day of survey reveals there is no evidence of documentation by facility nursing staff of an assessment, description of size, condition or treatment of the heel wounds for the resident. Furthermore there is no documentation of any communication with the physician related to the wounds. No nursing interventions were documented prior to the physician visits addressing the heel wounds.

On at approximately 11:30AM during an interview with the Assistant Administrator, the record was reviewed and surveyor observations discussed. She acknowledged that failure of the nursing staff to appropriately document the observations and interventions for the heel wounds. And furthermore failure to document any notification or communications with the physician upon assessment of the wounds.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, interview and record review, the facility failed to maintain an accurate daily medication observation record (MOR) for a resident. As evidenced by facility failure to accurately document on the MOR, dietary supplements prescribed by the physician, for 1 of 3 sampled residents (Resident #1).

The findings include:

Record review for Resident #1 revealed the resident was admitted to the facility on . Review of the Resident Health Assessment form reveals the resident has and . The resident is

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documented to have a poor appetite with fluctuating daily intake and on admission the resident's weight is recorded at 145 pounds. She is ordered a regular diet by the physician. Further record review reveals the resident has [redacted] heel [redacted] and the physician prescribes Ensure supplement, 2 cans daily for increased caloric intake to promote [redacted] healing. The physician orders monthly weights and monitoring. On [redacted] the resident's weight is noted to be 142 pounds. No weight documentation was noted for [redacted] 2014 or [redacted] 2014. Review of the Medication Observation Records for [redacted] and [redacted] 2014 reveals no documentation of the administration and/or percent of consumption of the prescribed supplement.

On [redacted] at approximately 3:30 PM during an interview with the Licensed Practical Nurse, when questioned about the resident's intake of the supplement, he stated that the resident "loved" the supplement flavor and preferred the drink over her meals. The resident routinely consumed 100% of the supplement. The nurse was unable to provide any documentation of the daily supplement intake by the resident. On [redacted] after surveyor intervention the resident was weighed, she weighed 142 pounds.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that required in-service training was completed for 1 out of 5 sampled employees (Employee #1).

The findings include:

During a review of the employee files, the following was noted.
Employee #1, an aide was hired on [redacted] had no documentation of in-service training for residents rights, recognizing and reporting [redacted] neglect and [redacted] and reporting adverse incidents, within 30 days of hire.

The Assistant Administrator was interviewed on [redacted] at 10:00AM and no additional information was provided.

Class III

0090-Training - [redacted] 58A-5.0191(11) FAC

Based on observation, interview and record review the facility failed to maintain required documentation of attendance for the facility's [redacted] policy and procedures training as evidenced by no documentation of completion of [redacted] course for 1 of 5 employees, Employee #1.

The findings include:

Record review of Employee # 1 employment file reveals a date of employment as [redacted] No current documentation of the completion of a required 1 hour [redacted] course within 30 days of employment was located. On [redacted] at approximately 11:00AM during an interview with Assistant Administrator she reviewed the employment file and could not provide documentation of completion of a [redacted] course for the employee.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Victoria Villa
5151 S.W. 61 Avenue
Davie, FL 33314

RE: CCR #2014005898 and #2014005600

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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