

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966710	(X3) DATE SURVEY COMPLETED 07/21/2014
NAME OF PROVIDER OR SUPPLIER Villa Serena	STREET ADDRESS, CITY, STATE, ZIP CODE 754-56 N W 22 Cpur Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on [redacted], 2014. Villa Serena had deficiencies at time of survey.

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

Based on record review and interview, facility failed to obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for 1 out of 3 sampled staff (# C).

Findings include:

Personnel record review of staff # C revealed that the last 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility was conducted on [redacted].

Staff # C stated on interview on [redacted], 2014 at 10:30 am: "I am making an appointment to take that training right now. I did not realized that it has been already one year since the last time."

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

1, 2014

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

Dear Administrator:

This letter reports the findings of a Standard Biennial survey that was conducted on 1, 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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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