STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966014	10/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Nora Alf	4040 West 10 Court Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. Villa Nora ALF had the following deficiencies at time of the survey:

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

Based on observation, record review, and interview the facility failed to maintain Medication Observation Records (MORs) for 5 out of 6 (#2,3,4,5, and 6) residents sampled.

Findings included:

Observation on at (@) 9:42 am found resident #4's medications, - and 88 milligrams (mg) were still in the bingo cards for .

Record review showed that resident #4's MOR was initialed by the facility's staff on for - and 88 mg as given. Record review on @ 9:50 am revealed the the facility did not maintain the MORs on , , and // through . The MORs were not initialed by facility staff to indicate that residents # 2,3,4,5, and (&) 6 received their medications.

An interview on @ 10:00 am with administrator confirmed that staff did not record residents # 2,3,4,5, & 6 medications in MORs.

Class III

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

Based on observation , record review, and interview the facility failed to discard medications for 5 out of 6 (2, 3, 4, 5, and 6) residents sampled.

Findings included:

Observations on at (@) 9:42 am found a plastic box with the following medications: ,

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Villa Nora Alf	4040 West 10 Court Hialeah, FL 33012	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Cream 80 milligrams (mg), -Levo 25-100, 2.5 cream, -tmp ds, 25 mg, Exolon Patch, Ear drops 6.5 ml, 5 mg, Dorsolamide 10 mg, 25 mg, Cipofloxacin 0.3 %(5 ml), DP 0.05 CRM, 800 mg, 500 mg, Sucralfate 1 mg, and Halopendol 5 mg.

An record review on @ 10 am revealed that those medications were not indicated on the Medication Observation Records (MORs) for residents #2, 3, 4, 5, & 6.

The administrator stated on at 10 am that she waited for the pharmacy to pick them up but they did not pick the medications up.

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

Based on observation, record review, and interview the facility failed to ensure that Over The Counter (OTC) medications were labeled with the residents' name for 5 (#2, 3, 4, 5, and 6) out of 6 residents sampled.

Findings included:

Observation on at (@) 9:20 am revealed that the facility had a locked cabinet with stock OTC medications which were not labeled with the residents' names. The following OTC medications were unlabeled: eye's drops, Nasal Spray, C-500 milligrams (MG), 500 MG, Soaking Crystals and Muro 1.28 (8%)

Interview with the administrator on @ 11:00 am revealed that the OTC medications were for the use of residents #2, 3, 4, 5, and 6. Also, administrator stated that she did not know that OTC medications needed to be labeled.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2014

Administrator
Villa Nora Alf
4040 West 10 Court
Hialeah, FL 33012

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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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