

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11912024	(X3) DATE SURVEY COMPLETED 12/15/2014
NAME OF PROVIDER OR SUPPLIER Villa Serena I	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Sw 22 Terrace Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Villa Serena 1 had deficiencies found at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have health assessments for 3 out of 10 sampled residents (#1, #2, and #10) within 30 days of admission. The facility failed have a completed health assessment for 1 out of 10 (#6) sampled residents.

Findings included:

1. Record review revealed that residents #1, #2, and #10 all did not have health assessments for review during survey on . Resident #1 was admitted on . , resident #2 was admitted on , and resident #10 since been in the facility since .

Record review for resident #6 (admitted on) found the health assessment was incomplete. It did not have the resident's , height, weight, diet and if resident needs or not help with taking her medicines; it indicated that resident required 24-hour nursing or care. Health assessment did not have an examination date.

2. Interviewed the assistant administrator on at 10:00 am, she confirmed the findings in regards to three residents not having health assessments in their charts.

Interview with the assistant administrator on at 12:56 PM she revealed that forgot to check health assessment was correctly completed when resident returned from the hospital.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview the facility failed to have notify the agency of a change of an administrator within 10 days. The facility failed to ensure that the assistant administrator or manager passed the core competency test within 90 days of hire.

Findings included:

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1. The Florida Health Finder website showed the name of another administrator and not the name of the current administrator for the facility.

Record review revealed that the assistant administrator did not have her core testing within 90 days of hire. The assistant administrator was hired on

2. Interviewed the assistant administrator on at 4:00 pm she stated that she had not taken the core test yet but was scheduled to take it in The current administrator arrived and stated the facility had not contacted the agency of the change in administrators at this time.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the facility failed to document weights every six months for 1 out of 10 (to have health assessments in their files at the time of the survey.

Findings included:

1. Record review revealed resident #1 was admitted on Resident #1's record did not have weights recorded at admission and did not have a signed consent for unlicensed staff members to assist with medications. Resident #4 was admitted on and the facility did not have any weights recorded at admission.

2. Interviewed the assistant administrator on at 12:00 pm, she confirmed the findings in regards to the residents' weights not being recorded by the facility at admission.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview the facility failed to ensure 1 out of 10 (#6) sampled residents had a signed contract at the time of admission.

Findings included:

1. Record review revealed that resident #6 did not have a signed contract at the time of her admission to the facility,

2. Interviewed the assistant administrator in regards to the resident #6's contract not being signed or dated. She confirmed the findings and stated she did not realize the contract had not been signed or dated at that time.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Villa Serena I
1200 Sw 22 Terrace
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 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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