

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966615	(X3) DATE SURVEY COMPLETED 01/05/2015
NAME OF PROVIDER OR SUPPLIER Villa Serena III	STREET ADDRESS, CITY, STATE, ZIP CODE 1777 Nw 30 Street Miami, FL 33142	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
 St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
 St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
 St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
 St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
 St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

A Complaint (2014011008) Investigation was conducted on _____ and concluded on _____. Villa Serena III had the following deficiencies at the time of the survey:

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview the facility failed to have a manager who pass the CORE competency exam within three months of employment.

Findings as followed:

Record review showed the facility's administrator (staff #1) supervised more than one facility. Record review showed the facility failed to have a manager (staff #2; hired on _____) who pass the CORE competency exam within three months of employment.

On _____ at 10 a.m. the facility's manager stated that she had not pass the CORE exam.

Class III

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

Based on record review and interview the facility failed to have 1 of 5 (#3) facility staff trained in reporting major and adverse incidents within 30 days of employment.

Findings as followed:

Record review showed the facility failed to have staff #3 (hired on _____) trained in reported major and adverse incidents within 30 days of employment.

On _____ at 10 a.m. the facility's manager acknowledged the facility failed to have staff #3 trained in reporting major and adverse incidents.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on observation, record review, and interview the facility failed to have an up-to-date admission and

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discharge log.

Findings as followed:

Record review showed the facility failed to have residents #7, #9, and #10 in the admission and discharge log.

On at 9:30 a.m. the facility's administrator and manager acknowledged the admission and discharge log was not up-to-date by not having residents #7, #9, and #10 in the log.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on observation, record review, and interview the facility failed to have 1 of 5 (#4) staff records at the facility available for review.

Findings as followed:

On at 8:30 a.m. observed staff #4 supervising residents, cleaning and organizing the facility.

Record review showed the facility failed to have the record of staff #4 available for review at the time of the survey. The facility did not have a completed applications with references, freedom from communicable statement, staff training, or a completed level 2 background screening for staff #4 at the facility.

Interview with staff #4 on at 9:35 a.m. revealed that he has been working in the facility for one month.

On at 9:30 a.m. the facility's administrator and manager stated the record of staff #4 were not in facility.

Class III

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

Based on record review and interview the facility failed to have 1 of 11 (#11) of resident's record at the facility.

Findings as followed:

Record review found the facility did not have the closed for resident #11 at the facility.

On at 9:30 a.m. the facility's administrator and manager stated the record for resident #11 was not in facility.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on observation, record review, and interview the facility failed to have 1 of 5 (#4) staff's completed level 2 background screening.

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Findings as followed:

On at 8:30 a.m. observed staff #4 supervising residents, cleaning and organizing the facility.

Record review found the facility failed to have the record of staff #4 available for review at the time of the survey. The facility did not have a completed level 2 background screening for staff #4 at the facility.

Interview with staff #4 on at 9:35 a.m. revealed that he has been working in the facility for one month.

On at 9:30 a.m. the facility's administrator and manager stated the record of staff #4 were not in facility. They stated that staff #4 transferred from another facility. As of the facility failed to fax the background screening for staff #4.

Unclassified Deficiency



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Villa Serena III
1777 Nw 30 Street
Miami, FL 33142

RE: CCR #2014011008

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was conducted on
, 2015 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,

Ariene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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