STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964423	01/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Maria Pia	322 Nw 43 Place Miami, FL 33126	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on / /. Villa Maria Pia had the following deficiencies at time of the survey:

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observations, record review, and interview, the facility failed to ensure that 1 out of 12 (#2) sampled residents met residency criteria.

Findings included:

On / / at 9:30 AM during tour in # observed Resident #2 in bed, she was unresponsive, when Staff C. was asked if resident was in hospice she stated, " no, we feed her, she does not walk, she needs assistance with everything."

On / / reviewed Resident #2's file, AHCA form 1823 (dated), Medical History and Diagnosis, Functional Decline. Physical or sensor limitation: Needs Assistance. Page 2, A. Activities of Daily Living; Ambulation, Needs Assistance (Wheel Chair). Bathing, Needs Assistance. Dressing, Needs Assistance. Eating, Needs Assistance. Self-Care ( ), Needs Assistance. Toileting, Needs Assistance. Transferring, Needs Assistance. Page 2 C. #2. Bedridden marked as No.

Record review found AHCA Form 3008 (dated) page 2 Nursing/Social Work Assessment list, Ambulation as Total Help.

On / / at 11:36 AM Staff B. stated, " I will call the family and I will notify them, I will then call hospice and have them do an assessment on her."

Class III

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

Based on observation, interview, and record review, the facility failed to ensure that centrally stored medications were locked up at all times.

Findings include:

On / at 9:30 AM facility tour found a door in the resident 's area observed to be open, when asked about the staff C. stated, " That is the pharmacy " , she opened the door and the ALF ' s pharmacy was revealed, no one was in the this time. She then pulled the door closed. Further observations on / at 9:40 AM found the pharmacy's door was unlocked and no staff member was in the this time.

On / at 9:50 AM Staff B. stated, " It was open because we were cleaning the "

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility's personnel records did not include evidence of negative ( ) examination documented annually for 1 out of 6 (A) sampled staff.

Findings included:

Record review on / revealed that sampled Staff A. did not have evidence of negative examination annually. The last examination statement was dated / .

On / at 2:55 PM Staff B. stated " I will schedule his test as soon as possible."

Class III

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

Based on record review and interview, the facility's personnel records did not include evidence of safe food handling In-service training within 30 days of employment for 1 out of 6 (C) sampled staff.

Findings included:

Record review on / revealed that sampled Staff C (hire date) did not have 1 hour of safe food handling in-service training within 30 days of employment.

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On / / at 3:00 PM. Staff B. stated, " I was out on maternity leave and just returned today, we had the training I have not put it in the records yet. "

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview the facility's personnel records did not include evidence of 2 hours of annual nutrition & food service training for 4 out of 6 (A, B, E, and F) sampled staff.

Findings included:

Record review on / / revealed that sampled Staff A, Staff B, Staff E, and F did not have 2 hours of nutrition & food service training annually. The last training for the staff members expired on / /.

On / / at 3:00 PM. Staff B. stated, " I was out on maternity leave, and just returned today, we had the training I have not put it in the records yet. "

Class III

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

Based on interview and record review, the facility failed to have a completed resident record for 1 of 12 sampled residents (#1)

Findings included:

Record review on / / at 9:55 AM revealed the only file available for Resident #1 was the Adult Day Care record dated and a Health Assessment dated . Further review revealed a Hospice Integrated Plan of Care dated, .

On / / at 10:05 AM Staff B. stated, " Resident #1 was a Daycare resident and was discharged from daycare on / / and on she was admitted as a resident to the ALF, on 19, 2014 she went to the nospital she was having difficulty breathing and her legs were . At the hospital they found she had liquid in her lungs and she was hospitalized. She returned from the hospital on , 2014; she was already enrolled into the hospice service. "

On / / at 10:10 AM staff B. stated, " I did not have a resident record on her because she was admitted while I was out on maternity leave. Today / / was my first day back to work. "

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Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview, the facility failed to ensure its admission and discharge log identified 1 out of 1 (#11) limited mental health residents. The facility failed to ensure 1 out of 1 (#11) Limited Mental Health residents records included an Annual Community Living Support Plan.

Findings included:

Facility's record review on / / revealed Resident #11 Medical History and Diagnoses listed and last ( ) payment was dated / / at $54.00.

A review of the admission and discharge log revealed the Limited Mental Health Resident #11, was not identified.

A review of the limited mental health Resident #11, file revealed Community Support Plan was not included in the residents file.

On / / at 3:10 PM. Staff B. stated, " I was not aware she was an Limited Mental Health resident. "

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure that 1 out of 6 (E.) employees' have received the minimum 6 hours limited mental health training.

Findings included:

Record review on / / for Staff D. (hire date) revealed no initial documentation for 6 hours Limited Mental Health Training.

On / / at 3:00 PM. Staff B. stated, "I will schedule her training as soon as possible. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Villa Maria Pia
322 Nw 43 Place
Miami, FL 33126

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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