STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912024	02/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Serena I	1200 Sw 22 Terrace Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0077-Staffing Standards - Administrators-02/25/2015
0162-Records - Resident-02/26/2015
0167-Resident Contracts-02/26/2015

Revisit Repeat Tags:
0008-Admissions - Health Assessment-58a-5.0181(2) Fac

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on 26, 2015. Villa Serena I had the following deficiency at time of the survey.

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

Based on record review and interview the facility failed have a completed health assessment for 2 out of 6 (#1 &3) sampled residents.

Findings included:

Record review on at 12:30 pm found that Resident #1's health assessment form 1823 was not dated. Also, Resident #3's health assessment did not have indicate if he needed assistance with self-administration of medication or medication administration.

Interview with Staff A on at 12:56 pm she revealed that doctors did not fill Residents #1 & 3 health assessment completely and it was difficult to make them do it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Standard Biennial revisit survey conducted on 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than . , 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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