STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932440	03/10/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
St Mark's Villa	3381 Nw 194 Terrace Miami, FL 33056	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0161 - 429.275(2) Fs; 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on , 2015. St Mark's Villa had the following deficiencies found at time of the survey:

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on record review and interview the facility failed to completed two elopement drills per year.

Findings included:

Record review on found the facility's last elopement drills were completed on . There were no documentation of any other drills completed in 2014.

Interview with the Administrator on at 3:30 PM acknowledged that elopement drills were not completed.

Class III

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

Based on record review and interview the facility failed to ensure and arrange for the elopement in-service training to one out of three (C) sampled staff within 30 days of employment.

Findings included:

Record record review on of employee files found Staff C (hired) did not have the required training for elopement.

Interview with the Administrator on at 3:30 PM after review of the file acknowledged Staff C did not have the elopement training.

Class III

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0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based record review and interview the facility failed to ensure three out of three (A, B, & C) sampled staff have successfully completed the minimum of 4 hours of training on providing assistance with self-administered medications.

Findings included:

Observation made during tour on of staff schedule for 2015 showed Staff A, B, and C worked during the times medications was assisted.

Record review conducted on revealed Staff A (hired date unknown), Staff B (hired /_ _, & Staff C (hired) did not have documentation of the 4 hours initial medication training at the facility.

Interview conducted on at 3:30 PM the Administrator stated all staff give medication when they work and confirm they did not have the 4 hours medication training.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to ensure that three out of three (A, B, & C) sampled staff have the training in ( ).

Findings included:

Record review conducted on revealed Staff A (hired date unknown), Staff B (hired /_ _, & Staff C (hired) did not have the training.

Interviewed with the Administrator on at 3:30 PM acknowledged Staff A, B, & C did not have the training.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations and interview the facility failed to ensure menus are conspicuously posted or easily available to residents.

Findings included.

Facility tour on at 9:15 AM found that the facility's menu posted in the kitchen on the

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refrigerator. The kitchen was enclosed with bars around it and had a bar door which open with a key. Tour of the dining area contain no menu posted conspicuously for residents to view.

Interview with the Administrator on at 3:30 PM, she stated, " The menu has always been posted there and no one has ever told me any thing about it before."

Class III

0161-Records - Staff 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review, and interview the facility failed to have a completed application with references for two out of three (A & B) sampled staff.

Findings included:

Observations made on at 9:00 AM found Staff B in facility alone with 6 residents. There were no other staff member present. Staff B was observed cleaning, folding residents clothes, cooking and preparing residents meals, assisting residents with feeding. The administrator did not arrive to at the facility until 10 AM.

Record review conducted on revealed Staff A (hire date unknown) and Staff B (hired /) did not have references listed on their applications. Record review of Staff A (hire dated unknown) had no hire dates on their applications.

Interview on at 3:30 PM with the Administrator acknowledged findings that there were no references on the applications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
St Mark's Villa
3381 Nw 194 Terrace
Miami, FL 33056

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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