STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966615	03/10/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Serena Iii	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 - 0025 - 429.26(7) Fs; 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2015. Villa Serena III had deficiencies at time of the survey.

0025-Resident Care - Supervision 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review and interview facility failed to maintain written record of procedures done by a third party provider for one out of three sample residents (#3).

Findings included:

During tour of the facility on at 10:25 am observed that Resident # 3 had a

During interview on at 12:00 pm Resident # 3 stated that he has two one on the left and one on his right hip and that he has had these for about three years on and off. He also stated that he has been on the wheelchair for nine years and that he is constantly changing positions and switching between the chair and the bed and that he massages himself when he changes position. Resident #3 also stated that he has had the for two years and that the nurse changes the and the bag once a month.

During interview on at 1:15 pm Resident # 3 stated the nurse comes to do care every day and that he does not have a folder with the information from the agency.

Record review of Resident #3 revealed that there was no information about the home health agency that was providing care or care. Also there were no progress notes from the home health agency.

The facility's manager stated on at 1:20 pm that the nurse from the agency comes every day to do care for Resident #3 but the nurse has never left any notes in the facility.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview facility failed to provide copy of the health care provider orders for care and care for one out of three sample residents (#3).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966615	03/10/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Serena Iii	1777 Nw 30 Street Miami, FL 33142	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings included:

During interview on at 12:00 pm Resident # 3 stated that he has two one on the left and one on his right hip and that he has had these for about three years on and off. He also stated that he has been on the wheelchair for nine years and that he is constantly changing positions and switching between the chair and the bed and that he massages himself when he changes position. Resident #3 also stated that he has had the for two years and that the nurse changes the and the bag once a month.

During interview on at 1:15 pm Resident #3 stated the nurse comes to do care every day.

Record review of Resident #3 revealed that there were no physician orders for care and care.

Facility manager stated on at 1:20 pm that the nurse from the agency comes every day to do care for Resident # 3 but that they did not give her a copy of the doctor's order.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring 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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