STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967677	**04/07/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
VILLA SERENA V	**2750 N W 6 STREET MIAMI, FL 33125**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2015. Villa Serena V with Limited Nursing Services component had a deficiency at time of the survey.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview facility failed to notified the Agency of a change of administrator within 10 days.

Findings included:

Review of Facility Finder website revealed the name of the Administrator of the facility. The person that was listed as the facility's Administrator no worked in the facility.

The facility's owner stated on at 10:40 am that she sent a letter notifying the agency of the change of administrator and that she will provide a copy of the letter once she finds it.

On at 10:45 am the facility's Assistant stated that the person that used to function as the Administrator is not longer working for Villa Serena facilities as of last Friday. Note, the person who used to function as the Administrator was not listed on the Facility Finder website for this location.

On at 11:05 am the facility's Owner sent a picture of the letter of change of administrator to her assistant phone; the letter was dated and it was faxed to AHCA on . She was not able to provide a copy of the letter of the change of administrator from the administrator that has not worked in the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Villa Serena V
2750 N W 6 Street
Miami, FL 33125

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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