STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968496	04/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
VILLASOL GROUP INC	14300 SW 36 STREET MIAMI, FL 33175	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . Villasol Group Inc with a Standard License and Limited Mental Health Component had the following deficiencies at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, interview, and record review the facility failed ensure that 1 of 6 (#2) facility residents met continued residency. The facility did not have an updated health assessment for 1 of 6 (#2) facility residents who had a decline in activities of daily living (ADLs).

Findings as follow:

On at 8:30 a.m. observed Resident #2 in bed. The resident's feet were observed to be contracted. On at 9:00 a.m. observed Staff D lifting and placing Resident #2 in a wheel chair. Then observed the staff transferring the resident to the living . There, Staff D lifted Resident #2 again with the assistance of Staff C and sat Resident #2 on the couch. Resident #2 did not assist in the mentioned ambulation and transfers, seeming unable to do so.

On at 9:00 a.m. Staff D acknowledged Resident #2 could not ambulate and transfer with assistance. Adding that the resident used to do so.

Record review found the health assessment dated documented that Resident #2 had a diagnoses of and needed assistance with all ADLs. The facility did not have any documentation on the health assessment regarding Resident #2 decline in ADLs.

Class III

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

Based on record review and interview the facility failed to have evidence of a negative examination documented on an annual basis for 2 of 5 (Staff B and E) facility staff.

Findings as follow:

Record review documented the facility failed to have evidence of a negative examination documented on an annual basis for Staff B and Staff E. Record review showed the last freedom from communicable statement for Staff B and E were dated . . . . .

On at noon the facility's Manager acknowledged the facility failed to document freedom from on annual basis for Staff B and E.

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

0078 Continued From page 1

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility failed to have a manager who successfully pass the CORE training requirements within 3 months of employment.

Findings s follow:

Record review showed Staff A (Administrator) supervised three facilities. Record review also showed the facility failed to have documentation the facility's Manager (hire date) passed the CORE training requirements with 3 months of employment.

On at noon the facility's Manager stated he passed the CORE training but failed the state test.

Class III

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

Based on record review and interview the facility failed to have 3 of 5 (B, C, and D) facility staff trained in assistance with self administration of medications.

Findings as follow:

Record review documented the facility failed to have Staff B (Manager) and Staff D (caretaker) who provide assistance with self administration of medications, trained, on annual basis, in assisting residents with self administration of medications. Record review also documented the last medication training for Staff B and D was dated / / .

Med pass observations on found that Staff C assisted residents with medications.

Interview with Staff C on at 09:30 am revealed he started working on and he assisted residents with medications.

Record review found that Staff C did not have 4 hours of initial medication training.

On at noon the facility's Manager acknowledged that staff did not have medication training.

Class III

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

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

Based on record review and interview the facility failed to have a completed employment applications with references for 2 of 5 (Staff A and C) facility staff.

Findings as follow:

Record review showed the facility failed to have competed employment applications with references for Staff A (Administrator) and Staff C (caretaker).

Interview with Staff C on at 09:30 am revealed he started working on .

On at noon the facility's Manager acknowledged the facility failed to have completed applications with references for Staff A and C.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Villasol Group Inc
14300 Sw 36 Street
Miami, FL 33175

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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