STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953233	**05/04/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
VILLA SERENA II	**60-62 NW 33 AVENUE MIAMI, FL 33125**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Villa Serena II with Limited Nursing Services component had the following deficiencies found at the time of the survey.

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview the facility failed to encourage the residents to participate in social, recreational, educational and other activities within the facility and the community.

Findings included:

On at 8:15 AM during observation found the 2015 calendar for activities posted.

On at 8:48 AM during the interviews with the Residents 4 out of the 6 stated that the facility did not offer them any kind of activities.

On observed during the hours of 8:00 AM to 11:00 AM and from 1:00 PM to 2:00 PM some residents were watching television in the common area and other were sitting in their . . . . . The facility staff did not offer activities to the residents.

On at 2:00 PM during an interview with the Manager, she acknowledged that the facility did not offer activities to the residents.

Class III

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

Based on record review and interview the facility failed to appoint a Manager for each facility who did not supervise other assisted living facilities.

Findings included:

On at 10:55 AM record review revealed the Manager appointed by the facility, also supervised two other facilities.

On at 2:00 PM during an interview with the Manager, she stated that she thought that the other facilities were in a 15 mile of each other, so she would not have a problem.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953233	**05/04/2015**
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VILLA SERENA II	**60-62 NW 33 AVENUE MIAMI, FL 33125**	

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

0078 Continued From page 1

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

Based on record review and interview the facility's personnel records did not evidence of a negative ( ) examination documented on an annual basis for 1 out of 4 (Staff C) sampled staff.

Findings included:

On at 10:34 AM employee record review revealed sampled Staff C did not evidence of a negative examination documented on an annual basis. The last exam was dated .

On at 2:00 PM interview with the Manager, she acknowledged the finding that Staff C did not have the updated exam documentation, and she stated that she was going to talk to the administrator, and make sure to have the paper work done.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review, and interview the facility failed to have the following required item: An annual Sanitation Inspection.

Findings included:

On at 8:05 AM during the tour and record review, it was determined the facility did not even have a sanitation inspection.

On at 8:30 AM, the facility's Manager admitted the facility failed to have a sanitation inspection submitted annually. On at 2:00 PM during an interview with the Manager, she stated that she was going to try to get the new inspection as soon as possible.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Villa Serena Ii
60-62 Nw 33 Avenue
Miami, FL 33125

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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