STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967677	**06/01/2015**
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 Complaint (CCR#2015002990) Survey was conducted on , 2015. Villa Serena V with Limited Nursing Services had the following deficiencies found at time of the survey:

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation and record review the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern.

Findings included:

Observations on , 2015 at 9:15 AM found Staff B in facility alone with a census of six residents. Staff B was observed cleaning, cooking and preparing residents meals, assisting residents with activities of daily living. The Administrator arrived to the facility at 10:00 AM.

Record review on , 2015 found the staff schedule posted on board for the the week of 20 to , 2015. The facility did not have a staff schedule available for review for the month of .

Class III

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

Based on observation, record review, and interview the facility failed to have a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices for two out of three (#A and B) sampled staff members.

Finding included:

Observation on / at 9:00 AM found Staff B preparing and cooking meals for the residents. On / at 11:53 AM observed Staff B serving the residents their meal at dining table.

Record review of Staff A (hired /) and Staff B (hired)'s employee files found no documentation of the of 1 hour nutritional and food safety training.

Interview on / at 4:30 PM the Administrator acknowledged the finding after reviewing both files that the training were not there.

Class III

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

0093 Continued From page 1

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

Based on observation, record review, and interview the facility failed to have menu dated and planned at least one week in advance. The facility failed to ensure menus are conspicuously posted and available to residents. The facility also failed to have a 3-day supply of non perishable food for a census of six residents on hand at all times.

Findings included:

Observations on , 2015 at 9:20 AM found the menu posted on the wall in the kitchen which had no dates written on it. The dining area where the residents eat did not have a menu posted and the resident did not have access to the kitchen.

Observations on , 2015 at 9:35 AM of the emergency food cabinet contained: 2 cans/ 50 ounces (oz) of chicken noodles soup, 1 can of slice potatoes 9 oz, 1 can beef stew 106 oz, 1 can of three bean salad 111 oz, 1 can cut green beans 102 oz, 1 can of kidney beans 110 oz, 1 can of chili con carne with beans 108 oz, 1 can of pork and beans 112 oz, 2 cans of corn 106 oz, 2 bags of 5 lbs powdered milk, one bag of hot chocolate 32 oz, a box of cereal 12 oz and 43 cans of Vienna sausages and 8 gallons of water. The facility did not have fruit and there was not enough milk and water for a census of six residents.

Interview with the Administrator on , 2015 at 3:30 PM acknowledged the facility does not have enough emergency food.

Class III

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

Based on observation, record review, and interview the facility failed to maintain the admission and discharge log for four out of ten sampled residents (#5, 6, 9 and 10).

Findings included:

Observation on , 2015 at 9:15 AM during tour found six residents residing at the facility.

Record review of the admission and discharge log on showed that facility had four residents listed on the log. There are two residents (#9 and 10) listed as current who are no longer at the facility and the log was not updated to reflect changes. There are two more residents (#5 and 6) currently residing at the facility and that were not listed on the admission discharge log.

Interview with the Administrator on , 2015 at 3:00 PM acknowledged the admission and discharge log was not up to date.

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VILLA SERENA V	**2750 N W 6 STREET MIAMI, FL 33125**	

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

0160 Continued From page 2

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to ensure residents records are maintained for one out of ten sampled residents (#5).

Findings included:

Record review on / at 10:30 AM found that Resident# 5's record contained the admission package paperwork which her picture authorization sheet, admission, retention, and discharge policy, bed hold policy, the informed consent to provide assistance with self-administration of medication by unlicensed staff, therapeutic diet sheet, confidential policy consent for releasing personal information, resident's complaint/ grievance policy, transportation policy, emergency evacuation policy, central medication storage policy, leaving the facility premises independently policy,elopement policy, right to to choose your health care provider, 45 day notice were not dated and the resident's contract was signed or dated by Resident #5.

Interview with the Administrator on / at 4:40 PM acknowledged findings that the records were not completed after reviewing Resident #5's file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015002990

Dear Administrator:

This letter reports the findings of a Complaint 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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