STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968496	R **06/09/2015**
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 Revisit Survey was conducted on 06/05/15. Villasol Group Inc with Limited Mental Health component had the following deficiencies at the time of the survey:

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

Based on record review and interview the facility failed to appoint in writing a manager for the facility that may not serve as a manager of more than a single facility and may not serve as an administrator of any other facility.
Findings included:
Record review on showed the facility's Manager (hired) was the administrator of three facilities.
During an interview on at 3:30 PM the Administrator acknowledged the facility appointed a manager that was the Administrator of three facilities.
Class III

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

Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its accurate staffing pattern for a given time period.
Findings included:
On at 2:10 PM found Staff C alone at the facility upon entrance with six Residents and one Daycare Participant.
Record Review of the facility's staffing schedule for the month of showed that for Staff C and Staff B were scheduled to be at the facility from 7:00 AM until 7:00 PM.
On at 3:30 PM the Administrator stated that he knew that only one staff was at the facility and Staff B was not there for personal issues.
Class III

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

Based on record review and interview the facility failed to maintain up-to-day admission and discharge log for 2 out of 6 (#2 and #3) sampled residents.
Finding included:
Record review on showed admission and discharge log did not document Resident #2 who resided at the facility and Resident #3 who was discharged from the facility.
During an interview on at 7:30 PM Administrator stated I had not updated the admission and discharge log for the facility where showed that Resident #3 was discharge from the facility and Resident #2 was admitted at the facility
Class III

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	AL11968496	R
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)

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview 1 out of 6 resident records (#2) did not contain a resident contract with the facility executed at or prior to admission.
Finding included:
Record review on showed that Resident #2 did no have an executed a contract with the facility at admission.
During an interview on at 2 at 3:45 PM the Administrator stated I did transfer Resident #2 from daycare participant to permanent resident at the facility. Administrator acknowledged that in fact the facility had not executed and enter into a residency contract with Resident #2.
Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11968496	A. Building B. Wing	6/9/2015

Name of Facility	Street Address, City, State, Zip Code
VILLASOL GROUP INC	14300 SW 36 STREET MIAMI, FL 33175

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0010** Reg. # **429.26(1&9) FS; 58A-5.018** LSC	Correction Completed	ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC	Correction Completed	ID Prefix **A0080** Reg. # **429.52(1-2) FS; 58A-5.0191** LSC	Correction Completed
ID Prefix **A0084** Reg. # **58A-5.0191(5) FAC** LSC	Correction Completed	ID Prefix **A0161** Reg. # **429.275(2) FS; 58A-5.024(2** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	**Reviewed By**	**Date:** 6/19/15	**Signature of Surveyor:**	**Date:**	
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

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 revisit survey conducted on , 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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