STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911382	06/25/2015
NAME OF PROVIDER OR SUPPLIER **VILLA ONI, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3030 SW 95 COURT** **MIAMI, FL 33165**	

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

0000 Initial Comments

An Abbreviated Biennial survey was conducted on . Villa Oni Inc. had deficiencies found at the time of the survey.

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to have three out six sampled residents (#1/ #2/ #6) need to have a up to date health assessments.

Findings included:

1. Record review revealed that Resident #1 did not have her health assessment dated. Resident was admitted to the facility on .

Resident #2's health assessment needed to be updated after she had significant changes to her acclivities of daily livings (ADLs) since being admitted to hospice services. Resident's current health assessment has her ADLS as ambulation-supervision/ bathing-assistance/ dressing-supervision/ eating-supervision/ -supervision/ toilet-supervision/ transfer-supervision. Resident #2 started hospice services on and her care plan stated Resident #2 is bed bound with total care.

Resident #6 was admitted to the facility on and the health assessment was not dated at the time the examination was completed by the doctor.

2. Observations on found Resident #1 was bedridden.

3. Interviewed the Administrator on at 4:00 PM, in regards to Residents #1/ #2/#6 needed updated health assessments, the Administrator confirmed the findings during the exit conference.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have three out of three sampled employees (Employees A/B/C) evidence of negative ( ) examinations documented on an annual basis.

Findings included:

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1. Record review revealed that Employees A/B/C did not have their up to date examination documented on an annual basis. Employee A. (Administrator)'s last examination was dated on . Employee B. (Assistant Administrator)'s last examination was dated . Employee C. (Caretaker)'s last examination was dated .

2. Interviewed Administrator /owner on at 3:00 PM, she confirmed the findings in regards that Employees A/B/C not have an up to date examinations.

Class III

0083 Trainina - First Aid and

Based on record review and interview the facility failed to have three out of three sampled employees (Employees A/B/C) trained in First AID and . The facility failed to ensure that at one one employee had the required training at all times in the facility.

Findings included:

1. Record review revealed that Employees A/B/C did not have their up to date First AID and training. Employee A. (Administrator)'s last First AID/ training certification expired on . Employee B. (Assistant Administrator)'s last First AID/ training certification expired on . Employee C. (Caretaker)'s last First AID/ training certification expired on .

2. Interviewed Administrator /owner on at 3:00 PM, she confirmed the findings in regards to Employees A/B/C not having up to date First AID/ training.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to have three out of three sampled employees (Employees A/ B/ C) have 2 hours of training for assistance with self-administration of medications.

Findings included:

1. Record review revealed that Employees A/ B/ C did not have up to date self-administration of medications. Employee A. (Administrator)'s last training was dated , Employee B. (Assistant

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Administrator)'s last training was dated - , Employee C. (Caretaker)'s last training was dated -

2. Interviewed Administrator /owner on at 3:00 PM, she confirmed the findings in regards that Employees A/ B/ C not having up to date training.

Class III

0085 Training - Nutrition & Food Service

Based on record review and interview the facility failed to have three out of three sampled employees (Employees B/ C) trained in 2 hours of nutrition and food services every year.

Findings included:

1. Record review revealed that Employees B/ C did not up to date nutrition and food service training. Employee B. (Assistant Administrator)'s last training was dated and Employee C. (Caretaker)'s last training was dated -

2. Interviewed Administrator /owner on at 3:00 PM, she confirmed the findings in regards to Employees B/ C not having up to date training.

Class III

0093 Food Service - Dietary Standards

Based on record review and interview the facility failed to have it's dietician updated license at the time of the survey.

Findings included:

1. Record review of the dietitian's licensed found it had expired on ,2015. The facility did not have a new license for the dietitian posted or in the dietitians file at the time of the survey.

2. Interviewed Administrator on at 4:00 pm, she confirmed the findings in regards to the facility's dietitian not having a current license.

Class

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SUMMARY STATEMENT OF DEFICIENCIES
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0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to have provide a safe environment for the residents.

Findings included:

1. Observation during the tour in the front , on the ceiling area observed electrical wires hanging from the ceiling from a hole.

2. Interviewed Administrator in regards to the exposed electric wiring, she confirmed the findings and stated the husband had forgot to re-cover that area of the ceiling after painting that ceiling and replacing the light fixture.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to have one out six sampled residents (#4) weights documented at admission to the facility. The facility failed to have three out six sampled residents' (#1/ #4/ #6) power of attorney (POA), guardian or surrogate documentation.

Findings included:

1. Record review revealed that Resident #4 was admitted on and was not weighed at that time of being admitted the facility.

Record review revealed that Residents #1, #4, and #6's family member signed the contract without having a POA, guardian, or surrogate documentation in the chart. Resident #1 was admitted on , Resident #4 was admitted on , and Resident #6 was admitted on .

2. Interviewed Administrator on at 4:00 PM in regards to Resident #4 being weighed at the time being admitted to the facility on . Administrator confirmed the findings during the exit conference. The Administrator confirmed Resident #1/ #4/ #6 did not have POA, guardian, or surrogate documentation.

Class III

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Z815 Background Screening: Prohibited Offenses

Based on record review and interview the facility failed to have one out of three sampled employees to have her level II background screening in her file at the time of the survey.

Findings included:

1. Record review revealed that Employee C. (Caretaker, who live-in the facility) hired - did not have any documentation showing a level II background screening was completed.

The background screening website was checked, Employee C. did not have a completed level II background screening.

2. Interviewed Employee C. on at 3: PM she stated, "I have been working here since 25, 1991. I do help the residents with their medications. I live here too."

Interviewed Administrator /owner on at 3:00 PM, she confirmed the findings in regards to Employee C. not having a level II background screening.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Villa Oni, Inc
3030 Sw 95 Court
Miami, FL 33165

Dear Administrator:

This letter reports the findings of an Abbreviated 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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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