STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911382	R 09/09/2015
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 Revisit Survey was conducted on 09/09/15. Villa Oni, Inc. had the following deficiencies found at the time of the survey:

0160 Records - Facility

Based on record review and interview the facility failed to have documentation of the Emergency Management Plan and Liability Insurance.

Findings included:

On at 11:05 AM record review found the facility did not have proof of Liability Insurance and the approval for the Emergency Management Plan.

On at 2:00 PM the Administrator stated that she was aware that this two documents were missing because she was still working on them.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and staff interview the facility still failed to ensure that one out of three (Staff C) sampled staff members had a completed level 2 background screening prior to providing care to residents.

Findings included:

On at 11:00 AM employee record review revealed that Staff C did not have eligible results from her background screening. Record review showed Staff C was hired on .

The background screening website was checked, Staff C did not have a completed level II background screening. The background screening website showed zero matches for Staff C.

On at 2:00 PM the Administrator stated that she thought that for employees hired before 1998 did not need the background screening.

Unclassified

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

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911382	A. Building B. Wing	

Name of Facility

VILLA ONI, INC

Street Address, City, State, Zip Code

3030 SW 95 COURT
MIAMI, FL 33165

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 **A0083** Reg. # **58A-5.0191(4) FAC** LSC	Correction Completed
ID Prefix **A0084** Reg. # **58A-5.0191(5) FAC** LSC	Correction Completed	ID Prefix **A0085** Reg. # **58A-5.0191(6) FAC** LSC	Correction Completed	ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC	Correction Completed
ID Prefix **A0152** Reg. # **58A-5.023(3) FAC** LSC	Correction Completed	ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** 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
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:** 9/22/15	**Signature of Surveyor:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**

Date:

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

Dear Administrator:

This letter reports the findings of an Abbreviated 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.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **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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Miami, FL 33166
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