STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966615	11/17/2015
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA III**	STREET ADDRESS, CITY, STATE, ZIP CODE **1777 NW 30 STREET** **MIAMI, FL 33142**	

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

0000 Initial Comments

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

0026 Resident Care - Social & Leisure Activities

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

Findings included:

Observations on / at 10:00 AM found the 2015 activities calendar posted on facility board. On / / from 10:00 AM to 3:30 PM, observations revealed residents watching television in the common area and other residents in their .

During confidential interviews on / / from 10:21 AM to 11:00 AM a resident stated, basically we watch TV then I take a walk for about two hours. Another resident stated, no activities, I just go out and walk. A resident stated, we just watch TV and I take a walk. Another resident stated, no activities I just go outside and sit awhile.

On / at 2:57 PM Staff C. stated "at this time with them there are no activities, all they want to do is watch TV and sleep."
On / at 3:36 PM during staff interview when asked about how to get residents interested in activities Staff B. stated, " We have the board games, however what they want to do is watch TV, one of the groups likes to watch old movies the others watch daily programing. "

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and record review, the facility failed to ensure that staff identified the medications and observed the residents take the medications provided assistance with self-administration of medication for one of thirteen sampled residents (Resident #9).

Findings included:

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On / at 12:18 AM observed Staff B. bring Resident #9 medications box, Staff B. did not identify the medications to Resident #9 he then place the medications on the residents tray (two pills), pointed to the medication, the resident acknowledged the medication on his tray and kept eating his food. Staff B. then returned the medications box to the locker. He then started picking up food trays in the dining area and took them to the kitchen. On / at 12:29 observed Resident #9 take his medications with water.
On / at 12:46 Staff D. stated "we are going to go and redo the medication training."
Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure medications were kept locked in a secure place for one of thirteen sampled residents (Resident #1).

Findings included:

On / at 9:40 AM upon arrival to the facility the medications cabinet door was observed to be open, this cabinet contained the medications for the residents.

On / at 9:50 AM during a tour of the facility the following medications were observed on top of a chest of drawers in Resident #1's : 100 MG Tab, 400 MG Tab, CAP/TAB, and 1 MG Tab
On / at 12:46 Staff D. stated "We are going to go and redo the medication training."
Class III

0077 Staffing Standards - Administrators

Based on record review and interview, the facility failed to have an appointed manager who is responsible for the operation and maintenance of the facility including the management of all the staff and the provision of appropriate care to all residents.

Finding included:

Record review on / showed that Administrator supervised three facilities. The facility did not have an appointed manager with the same qualifications as the Administrator on record.

On / at 3:11 PM Staff D. stated, Staff A. is the Administrator here and she is changing the house managers and training Staff B to be the Manager, he has not taken the CORE yet. "

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

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015
Amended

Administrator
Villa Serena Iii
1777 Nw 30 Street
Miami, FL 33142

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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com