STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966615	R 01/19/2016
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 Revisit Survey was conducted on 01-19-2016. Villa Serena III with Limited Nursing Services component had the following deficiencies at time of the survey:

0026 Resident Care - Social & Leisure Activities

Based on observation and interviews the facility failed to provide an ongoing activities for the residents. The facility also failed to provide diversified individual and group activities in keeping with each resident ' s needs, abilities, and interests
Findings included:

Observations on - at 11:55 AM observed a 2016 activity calendar posted in the kitchen area of the facility. Observations found some of the residents were observed either sitting watching TV or lying in their beds sleeping.

During confidential interviews with a few residents revealed that they either sit and watch TV all day, stay in our , or walk around the community. The residents revealed there are no activities offered to them at the facility and that the games they do have there are for little children and not for grown men.

Interviewed the Manager on - at 1:00 PM, she stated that the residents are offered activities all the time but they refuse to join in on any of the activities offered to them.

Class III
Uncorrected

0052 Medication - Assistance with Self-Admin

Based on observations and interviews the facility failed to ensure that employees were able to explain to the resident on what medications they are being given.

Findings included:

Medication pass observations on - at noon during the lunchtime found Employee B. (Caretaker) was assisting residents with medications. Observed Employee B. enter # to give Residents 10 and 11 their medications. Employee B. was observed handing each resident their medication by hand without gloves with a cup of water, she did not advised the residents of the medications they were being given. Employee B. did not speak any English and both of the residents

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SUMMARY STATEMENT OF DEFICIENCIES
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did not speak Spanish.

Confidential resident interviews on - revealed they did not speak Spanish and they did not understand what the caretaker said to them.

The findings were reviewed with the Manager on - at 1:30 PM.

Class III
Uncorrected

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11966615 Y1	A. Building B. Wing Y2	// Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA SERENA III	1777 NW 30 STREET MIAMI, FL 33142

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed	ID Prefix A0077 Reg. # 429.176 FS; 58A-5.019(1) 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
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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 (INITIALS) Lg	DATE 11/25/14	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/17/2015	☐ 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

, 2016

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

Dear Administrator:

This letter reports the findings of a standard biennial revisit survey conducted on 2016by 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** .

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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