AGENCY FOR HEALTH CARE ADMINISTRATION

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967799 | 02/25/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>VILLA LA ESPERANZA II LLC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>6021 WEST PARIS STREET<br>TAMPA, FL 33634 | |

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

**0000 Initial Comments**

ASSISTED LIVING FACILITY

An Abbreviated Biennial Re-licensure survey was conducted on [redacted]. The Villa La Esperanza II assisted living facility had deficiencies at the time of the visit.

**0008 Admissions - Health Assessment**

Based on interview and record review, the facility failed to ensure that 1 of 3 residents whose records were reviewed, had been examined by a physician or nurse practitioner 60 days before or 30 days after admission to the facility (Resident #6). In addition, the facility failed to ensure that 2 of 3 health assessments contained accurate information related to the residents needs and abilities. (Resident #'s 4 and #6).

Findings included;

A review of the record for Resident #6 revealed an Health Assessment Form 1823 dated 8/[redacted]. The resident was admitted to the facility on [redacted] from another assis[redacted] living facility and the health assessment was completed by the previous facility.

Interview with the owner at 3:00 P.M. revealed that she was not aware that there was not a curr[redacted] Form 1823 in the resident's file. The 1823 indicated that the resident should be receiving [redacted]/OT/SN services which the administrator states he is not receiving. It also stated that he should sign out when he leaves. The owner states that Resident #6 is unable to leave the facility on his own, therefore the assessment is inaccurate, in addition to being untimely.

A review of the record for Resident #4 revealed a Health Assessment Form 1823 dated 1/20/16, the day of her admission, that stated she is total care in all of her activities of daily living. The resident was observed during the course of the survey and was able to accomplish tasks with supervision or assistance. The resident was interviewed at 1:40 P.M. and stated that she does not require total assistance from staff. She is able to complete her dressing and [redacted] with assistance from staff and receives Physical [redacted] to help her with her transfers and ambulation.

Interview with the owner at 3:00 P.M. revealed that the Form 1823 was completed by the hospital staff where she transferred from, and agreed that it was not accurate.

CLASS III

AGENCY FOR HEALTH CARE ADMINISTRATION

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SUMMARY STATEMENT OF DEFICIENCIES
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**0056 Medication - Labeling and Orders**

Based on observation, interview and record review, the facility failed to ensure medications were filled as ordered by the physician for 1 of 2 residents whose MOR's were reviewed (Resident #4).

On at 1:15 P.M. a review of the Medication Observation Record (MOR) for Resident #4 was completed. The MOR showed an entry for injection 1 time a week for 3 weeks. The order was written on with a discontinue date of .

The owner of the facility and Staff B were asked about this medication and when it was given and by whom. Neither knew anything about this medication. The owner stated that they do not give injections. Resident #4 receives visits from a Home Health agency and Staff B was asked if they give the injections. Again, no one knew. The Home Health record was reviewed and there was no evidence of a Vitamin order.

An interview was conducted at 1:45 P.M. with Resident #1 and her roommate, who assisted in translating from English to Spanish for Resident #1. Both stated that the resident does not get injections of any kind. They stated that they have no idea where this order came from because Resident #1 does not recall ever getting injections.

There was no evidence that the order for injections once a week effective was ever given or discontinued prior to as prescribed, therefore, the medication was not be given as prescribed.

CLASS III

**0084 Training - Assis Self-Admin Meds & Med Mgmt**

Based on interview and record reviews, the facility failed to ensure that 2 of 3 staff who provide assistance with self administration of medications had received a minimum of 2 hours of continuing education annually on providing assistance with medications. (Staff B and C).

Findings included;

Staff B was hired on . There was evidence in her personnel file that she received 2 hours of medication training on . There was no evidence that she had received 2 hours of training since that time.

AGENCY FOR HEALTH CARE ADMINISTRATION

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

Staff C was hired on . There was evidence in her personnel file that she received 4 hours of medication training on . There was no evidence that she had received any additional training since that time.

Interview with the Owner of the facility revealed that she was no aware that the staff had not received their annual 2 hour medication training.

CLASS III

**0162 Records - Resident**

Based on interview and record review, the facility failed to maintain a complete resident record for 1 of 3 resident whose records were reviewed. Missing items were demographic information and a copy of the resident contract. (Resident #5).

Findings included;

Resident #5 was admitted to the facility on . There was no demographic information in her file. There was a blank Health Assessment, Form 1823, a hospital discharge summary dated , and a signed photographic authorization form dated . She was listed on the admission discharge log as being admitted on .

The record did not contain a signed contract. An interview with the owner revealed that she did not know why the required information was not in the file.

The administrator brought a Form 1823, signed by a physician to the facility at 12:20 P.M. dated . He stated that he had to go to the physicians office to pick it up as he was alerted by staff that it was not in the file.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Villa La Esperanza II LLC
6021 West Paris Street
Tampa, FL 33634

Dear Administrator:

This letter reports the findings of a abbreviated biennial state licensure survey that was conducted on , 2016 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 , 2016.** 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 cons application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FAX

Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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