STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911376	02/22/2016
NAME OF PROVIDER OR SUPPLIER **VILLA REAL ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **15965 NW 22 COURT** **HIALEAH, FL 33054**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. Villa Real ALF with Limited Mental Health component had the following deficiencies found at time of the survey:

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to have a completed health assessment for one out of nine (#2) sampled residents within 30 days.

Findings included:

On at 1:20 pm the facility received Resident #2's health assessment (Form 1823) by fax.

Record review revealed Resident #2 was admitted to the facility on . Resident #2's health assessment did not specified the level of assistance needed with ambulation, eating, toileting and transferring.

Interview on at 1:55 pm Staff A confirmed the physician did not completed Resident #2's assessment.

Class III

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to ensure that one out of nine sampled residents (1) met continued residency criteria and had an updated health assessment.

Findings included:

Record review on / revealed Resident #1's health assessment (Form 1823) dated / / stated the resident required total assistance with ambulation and the level of assistance needed for transferring was not completed. Resident #1's assessment also stated she needed administration of medications and needed assistance with self-administration of medications, it was unclear what time of assistance the resident required with medications.

Interview on / at 1:30 pm Staff A acknowledged Resident #1 needed an updated health assessment.

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Class III

0025 Resident Care - Supervision

Based on observation, record review, and interview the facility failed to provide adequate supervision to meet the needs of one out of nine (#1) sampled residents. The facility failed to develop a plan of intervention to prevent injury or harm to one out of nine (#1) sampled residents sampled. The facility also failed to have a written record of one out of nine (#1) sampled residents' in the facility.

Findings included:

Observation on at 9:00 am found Resident #1 with a scratch on the left side of her forehead.
Interview on at 9:00 am Staff B stated, "Resident #1 last night, and she is waiting on the ambulance to be assessed."
Record review on revealed Resident #1's health assessment (Form 1826) documented medical history of , , , and . Resident #1's special precautions, and behavioral needs were reflected non-ambulatory, wheelchair dependence, several and poor eye contact; require re-direction, supervision, and high risk of .
Resident #1's facility progress log stated, " resident by her bed, scratches on her forehead." However, there was no information regarding her on in her chart. The facility did not have any intervention plans to prevent Resident #1 from falling or providing one on one supervision to her.
On at 10:00 am Staff A stated, "I put the information on the calendar. She yesterday at 6:00 pm, I called the Clinic, and they will see her today. I did not call rescue yesterday because she used to , and it was nothing serious."
Interview on at 11:00 am Staff stated, "she has two times in this year and she has a half bed rail. She last night at 6:10 pm, I reported at the manager of the clinic; Resident #1 hit her forehead and has a little scratch. We have kept the communication with Clinic/ to prevent her from falling, and supervision." Staff A also stated, "Resident #1 does not need 24 hour supervision; this is an effect of the medication (50 mg /every two week), which is administrated at the clinic, if you notice the date her first in this year was / / and yesterday / . She has been living here since 2013, and she has been always falling, she used to more often before, she has been improved."

Interview on / at 4:40 pm with nurse from Resident #1's day program stated, "we saw Resident #1 this morning, she has a scratch in her forehead (left side), we are going to follow up on her health status tomorrow, too. She has a long history of , we took her vital sign and her was low, and she was , we have to her with an and took X-ray (has no

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results yet), she also was weak, she does not follow command, and she has no stability; high level of precaution. In my professional opinion , she has several times , and we have recommend that she should be put in a place with a higher level of supervision to be better served; we have provided all that we can in our power. She has a legal guardian, and we have communicated that to her, too. Resident #1 needs more supervision."
Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to have proof of the Administrator's high school diploma or G.E.D.

Finding included:

Record review on / revealed the Administrator, Staff A, (hired / /) did not have proof of a high school diploma or G.E.D in the facility at the time of the survey.
Interview on at 1:00 pm Staff A stated she did not have her high school diploma in the facility at the time of survey.
Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview the facility failed to have an update written work schedule.

Findings included:

Record review on at 9:00 am revealed that facility did not have Staff C reflected on the staffing pattern posted on board at time of survey.

Interview on / at 9:25 am Staff B and C stated, "we work two together, and we assist the nine residents, we have a good team."

Interview on at 1:00 pm Staff B confirmed the facility did not have Staff C included on the staffing pattern at the time of the survey.

Class III

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0127 Fiscal - Liability Insurance

Based on record review and interview the facility failed to provide a current copy of the liability insurance.

Findings included:

Record review on revealed that facility did not have evidence of liability insurance in the facility at the time of the survey.

Interview on at 1:35 pm Staff A stated "I recently did it, but I cannot find it."

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe living environment and an environment free of hazards.

Findings included:

During the facility tour on at 9:10 am, found the backyard had a piled of granite. Observation on at 9:10 am revealed Resident #5 walked around the backyard.

Interview on / at 9:10 am Staff B revealed Resident #5 liked to pass most of the time walking around the backyard.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to have the consent for unlicensed staff assisting with self-administration of medication for one out nine (#1) sampled residents. The facility also failed to have one out of nine sampled residents' (#2) proof of a power of attorney (POA), guardian, or surrogate documentation.

Findings included:

Record review on / revealed Resident #1's consent for unlicensed staff assisting with self-administration of medication was on record was not signed.

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Interview on at 1:00 pm Staff A acknowledged that Resident #1 was missing signature on the consent for unlicensed staff assisting with self-administration of medication at the time of survey.

Record review on revealed that Resident #2's family member signed all of the necessary documents in her file without having a POA, guardianship, or surrogate documentation.

Interview on at 1:00 pm Staff A confirmed the findings in regards to Resident #2's family member signing off on documents in Residents #1's chart without having the legal documentation in the file.

Class III

0167 Resident Contracts

Based on record review and interview the facility failed to have an executed contract with one of nine (1) sampled residents.

Findings included:

Record review on revealed Residents #1 had a contract dated on ; however, it was not signed at time of survey.

Interview on at 1:30 pm Staff A confirmed Resident #1 did not have the facility contract signed.

Class III

L241 LMH - Records

Based on record review and interview the facility failed to an annual community living support plan (ACLSP) for one out nine of sampled resident (Resident #5).

Findings included:

Record review on revealed Resident #5, diagnosed with and received ( ), last ACLSP was dated . The facility did not have the updated plan.

Interview on at 1:37 pm Staff A confirmed Resident #5's plan was not updated.

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Class III

Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed to register all the staff through the clearinghouse.

Findings included:

Review on / of the facility employee roster on the background screening database revealed Staff C was not included in the rooster.

Interview on / at 1:20 pm Staff C stated she started to work in the facility on .

Interview on / at 1:35 pm Staff A stated that she did not know that Staff C was not identified in the clearinghouse electronically.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on observation, record review, and interview the facility failed to have a completed level II background screening for one out of three (C) sampled staff.

Findings included:

Observation on from 9 am to 2 pm found Staff C was assisting residents and cooking at facility at during the survey.

Record review on revealed Staff C's background screening dated stated, "Awaiting Privacy Policy." The facility did not provide a completed background screening for Staff C with an eligible status.

Interview on / at 1:15 pm Staff A acknowledged that Staff C needed to update her Background Screening.

Interview on at 1:20 pm Staff C stated she started to work in the facility on .

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Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Villa Real Alf
15965 Nw 22 Court
Hialeah, FL 33054

Dear Administrator:

This letter reports the findings of a standard biennial 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 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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