STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911376	R
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 Revisit was conducted on May 04, 2016. Villa Real ALF with Limited Mental Health component had the following deficiencies found at time of the survey:

0152 Physical Plant - Safe Living Environ/Other

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

Findings included:

Observation on at 9:30 am revealed the facility had water stains in the living , on the ceiling of the # , and on the ceiling at the eating area. Also, there was a cable cord that crossed from # to # over the floor.
Interview on at 9:40 a.m., Staff B stated, " Last night was raining, it just happens, the roof is leaking water."
Interview on at 11:00 a.m., Staff A stated, " I will send it to repair right now."
Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11911376 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA REAL ALF	15965 NW 22 COURT HIALEAH, FL 33054

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 A0008	Correction	ID Prefix A0010	Correction	ID Prefix A0025	Correction
Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC	Completed	Reg. # 429.26(1&9) FS; 58A-5.0181(4) FAC	Completed	Reg. # 429.26(7) FS; 58A-5.0182(1) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0077	Correction	ID Prefix A0079	Correction	ID Prefix A0127	Correction
Reg. # 429.176 FS; 58A-5.019(1) FAC	Completed	Reg. # 58A-5.019(3) FAC	Completed	Reg. # 429.275 (3) FS; 58A-5.021(4) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0162	Correction	ID Prefix A0167	Correction	ID Prefix AL241	Correction
Reg. # 58A-5.024(3) FAC	Completed	Reg. # 58A-5.025 FAC	Completed	Reg. # 429.075(3-4); 58A-5.029(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix AZ814	Correction	ID Prefix AZ815	Correction	ID Prefix	Correction
Reg. # 435.12(2)(b-d), FS	Completed	Reg. # 408.809, 435.02(2), 435.06	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
		3/2/16		
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 2/22/2016		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		☐ YES ☐ NO

STATE FORM: REVISIT REPORT (11/06) EVENT ID: LO5Y12

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 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 , 2016.**

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

Enclosure

BBT7

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