STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966710	06/20/2016
NAME OF PROVIDER OR SUPPLIER VILLA SERENA	STREET ADDRESS, CITY, STATE, ZIP CODE 754-56 N W 22 CPURT MIAMI, FL 33125	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on , 2016. Villa Serena (license # 10868) with Limited Nursing Services component had deficiencies identified at the time of the survey.

0010 Admissions - Continued Residencv

Based on record review and interview the facility failed to ensure that the health assessment specified the type of assistance needed with the medications for 1 out of 8 sampled residents (Resident #2).

Findings included:

Record review of Resident #2's record revealed that the last health assessment (1823) was completed on and there was no specification of the type of assistance needed with the medications.

The facility's owner stated on at 11:50 am: " I accept my responsibility for not reviewing the health assessment before the doctor left the facility."

Class III

0077 Staffina Standards - Administrators

Based on record review and interview the facility's Administrator who administered two facilities failed to appoint in writing a separate manager for each facility.

Findings included:

Record review of the facility book revealed that the facility administrator also administered a sister facility. Record review also revealed that the other facility that he administered had an appointed manager but the surveyed facility did not have a manager.

The Administrator Assistant stated on interview on / at 11:00 am that they only needed one manager.

The facility owner stated on at 11:30 am that she had talked to one of the persons in FALA and that he told her that she only needed one manager for two facilities.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966710	06/20/2016
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA**	STREET ADDRESS, CITY, STATE, ZIP CODE **754-56 N W 22 CPURT** **MIAMI, FL 33125**	

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

0162 Records - Resident

Based on record review and interview the facility failed to keep a copy of the order for home health for 1 out of 8 sampled residents (Resident #3).

Findings included:

Record review of Resident #3's record revealed that he is receiving home health services for sugar check and administration of injections twice a day, but there was no a copy of the physician order for home health available for review.

Resident #3 stated on interview on at 12:15 pm that the nurse from the home health agency comes twice a day to check his sugar and to inject him with .

On at 2:56 pm the Assistant Administrator stated that the home health agency has the prescription and that they will fax a copy to the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Villa Serena
754-56 N W 22 Cpurt
Miami, FL 33125

Dear Administrator:

This letter reports the findings of an Abbreviated 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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