AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953473	07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA ROSE ASSISTED LIVING FACILITY	**6753 CARPEL DRIVE NEW PORT RICHEY, FL 34653**

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2016005406), was conducted at Villa Rose Assisted Living on in conjunction with a revisit to the complaint survey, (CCR# 2016001757), of / / Villa Rose Assisted Living Facility had deficiencies at the time of the investigation.

(License number 8071).

0026 Resident Care - Social & Leisure Activities

Based on observation, interview, and record review, the facility failed to encourage residents and provide a diversified, ongoing activities program, reflecting each resident's needs, abilities, and interests.

Findings included:

Interviews were conducted with Resident #3 at 12:58 PM on and Resident #4 was interviewed at 1:04 PM on / and both stated that they were not given a choice of activities. They stated that the facility did not offer scheduled and structured activities.

The administrator was interviewed at 2:06 PM on / concerning the facility's activities program and she stated that she had various activities. She stated that the residents like to watch movies and TV and don't want to join in on activities. When asked if residents were asked what activities they'd like to do (such as in resident meetings or a suggestion box), she stated that she asked whenever they had meals. There was no proof offered to confirm that these discussions took place.

The surveyor had entered the facility at 9:25 AM on / . The activities calendar for the day showed that the scheduled activity from 9 AM- 11 AM was a piano sing along. There was no activity observed or conducted at that time. The calendar also showed arts & crafts scheduled for 2 PM- 5 PM.

At 2:19 PM on / , the administrator was interviewed concerning the observation of a lack of activities in the facility. The administrator stated that they'll be starting an activity at 2:30 PM. At 2:35 PM on , Staff A was observed sitting in the common area/activities 3 residents present, looking at his cell phone. No activity was being conducted at that time.

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Class III

0093 Food Service - Dietary Standards

Based on interview and record review, the facility failed to maintain a 6-month file of dated menus for therapeutic and regular diets. Additionally, the facility failed to show menus that were dated and planned at least 1 week in advance for therapeutic and regular diets.

Findings included:

A dining and food service review was conducted on / and the administrator was asked to provide their file showing therapeutic and regular menus that were served over the past 6 months, as well as a dated menu for the current week.

The administrator stated that currently they were in week 3 of their 4 week menu cycle. The posted menu observed in the kitchen was not dated.

The administrator was asked for their 6 month file of dated menus and at 11:19 AM on , she stated that she did not have it.

Class III

0160 Records - Facility

Based on interview and record review, the facility failed to provide an up-to- date admission and discharge log listing the names of all residents.

Findings included:

Shortly after the surveyor entered the facility on , the administrator was asked to provide their admission and discharge log for review.

The administrator was interviewed at 10:54 AM on and she stated that she couldn't find the facility's admission and discharge log.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Villa Rose Assisted Living Facility
6753 Carpel Drive
New Port Richey, FL 34653

RE: CCR# 2016005406

Dear Administrator:

This letter reports the findings of a complaint 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.

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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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

XG90