AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953473	R 08/18/2016

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 2nd follow-up visit to the / complaint survey, (CCR# 2016001757), was conducted at Villa Rose Assisted Living on / . Villa Rose Assisted living had an uncorrected deficiency at the time of the visit.

(License # 8071)

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe and decent living environment that was maintained free of hazards.

Findings included:

During a tour of the facility beginning at 8:54 AM on , the flooring in the dining , the north hallway, and Resident #4 ' s observed as damaged and discolored. An area located in the corner of the threshold leading to the north residential hallway showed bare concrete and 2 pieces of vinyl raised, presenting a potential tripping hazard.

The outside screened-in patio was observed and showed an approximate one foot hole in the ceiling.

The administrator was interviewed at 9:57 AM on . The administrator acknowledged the area by the threshold as a potential tripping hazard and stated that she was going to be replacing the flooring soon. She also stated that she will be fixing the ceiling in the outside patio.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a second state licensure revisit survey conducted on , 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the uncorrected deficiency that was identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **The deficiency 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(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

Enclosure: State Form 5000-3547

YOSF

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