STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967753	R 11/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA'S DEDICATED RETIREMENT HOME II INC	2535 NW NORTH RIVER DRIVE MIAMI, FL 33125

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

0000 Initial Comments

A Standard Biennial Revisit Survey was conducted on 11/03/16. Victoria's Dedicated Retirement Home II Inc. with Limited Mental Health component, License #11781, had the following deficiencies found at time of the survey:

0010 Admissions - Continued Residency

Based on observations, record review, and interview, the facility failed to have an updated health assessment that documented the significant changes in activities of daily (ADLs) levels for 2 out of 14 (#4 , #7) sampled residents.
Findings included:
Observation on / at 10:15 A.M. showed Resident #4 in bed contracted and Resident #7 was sitting in the living .
Record review showed that Resident #4's health assessment (AHCA form 1823) dated . The facility did not have a health assessment that showed the change in condition for Resident #4.
Furthermore, Resident # 4 needed help with taking her medication but did not specified what kind of assistance resident needed with medications.
Record review of Resident #7's file showed resident was admitted on , Health Assessment (AHCA 1823 Form) dated had assistance with ambulation, bathing, dressing, eating; dressing and eating checked off as total assistance.
On / at 12:10 AM observed, Resident #7 eating without any staff assistance.
During a phone interview on / at 11:44 A.M. Resident #4's daughter stated I go every day to administer medication to my mom in the afternoon and RN administers medication in the morning.
During an interview on / at 1:00 PM, the facility Administrator acknowledged that health assessment for Residents #4 and #7 where not accurate. He stated I will fax documentation today. He stated "I can call the doctor and they will fix it."
Uncorrected Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to ensure that the ceiling did not have dark marks.
Findings Included:
During the facility tour on / at 10:20 AM showed that the dining 's ceiling had dark marks.
During an interview on / at 1:00 PM the Administrator acknowledged the deficiencies. The Administrator stated handyman did repair due to the humidity in the living . He stated that handyman have to repair that area.
Uncorrected Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967753	R **11/03/2016**
NAME OF PROVIDER OR SUPPLIER **VICTORIA'S DEDICATED RETIREMENT HOME II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2535 NW NORTH RIVER DRIVE** **MIAMI, FL 33125**	

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967753 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA'S DEDICATED RETIREMENT HOME II INC	2535 NW NORTH RIVER DRIVE MIAMI, FL 33125

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 A0026	Correction	ID Prefix A0030	Correction	ID Prefix A0052	Correction
Reg. # 58A-5.0182(2) FAC	Completed	Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	Completed	Reg. # 58A-5.0185 (3)	Completed
LSC		LSC		LSC	
ID Prefix A0054	Correction	ID Prefix A0056	Correction	ID Prefix A0077	Correction
Reg. # 58A-5.0185(5) FAC	Completed	Reg. # 58A-5.0185(7) FAC	Completed	Reg. # 429.176 FS; 58A-5.019(1) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0081	Correction	ID Prefix A0125	Correction	ID Prefix A0162	Correction
Reg. # 58A-5.0191(2) FAC	Completed	Reg. # 429.27(2) FS; 58A-5.021(3) FAC	Completed	Reg. # 58A-5.024(3) FAC	Completed
LSC		LSC		LSC	
ID Prefix AL243	Correction	ID Prefix AZ828	Correction	ID Prefix	Correction
Reg. # 429.075(1) FS; 58A-5.0191(8) FAC	Completed	Reg. # 408.813(3)	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
		11/15/16		
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON 8/16/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Victoria's Dedicated Retirement Home Ii Inc
2535 Nw North River Drive
Miami, FL 33125

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

AMD:ve
Enclosure

BBT7

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Miami, FL
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