STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968496	11/08/2016
NAME OF PROVIDER OR SUPPLIER **VILLASOL GROUP INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14300 SW 36 STREET** **MIAMI, FL 33175**	

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

0000 Initial Comments

A Full Monitoring Survey was conducted on 11/07/16. Villasol Group Inc with Limited Mental Health Component, License # 12401 had the following deficiencies at the time of the survey:

0010 Admissions - Continued Residency

Based on observation, record interview, the facility failed ensure that 1 of 6 residents had an updated health assessment reflecting a decline in activities of daily living (ADLs)(Resident#1) .
Findings included:
On / at 9:03 a.m. observed Resident #1 in # was in bed, awake, with contracted hands.
Record review on / revealed health assessment (AHCA 1823) dated / documented that Resident #1' had a diagnoses of , gait and needed assistance with all activities of daily living (ADL) and assistance with self-administration of medication. The facility did not have any documentation or new health assessment regarding Resident #1' s decline in ADL. Furthermore review Hospices care interdisciplinary progress note dated / / showed that Resident # 1 is bedridden.
During an interview on / at 11:26 a.m. Administrator acknowledged that health assessment for Resident #1 was not accurate. He stated " I'm going to call the doctor to do new health assessment." .
The Administrator further stated that a family member administers medication to Resident #1.
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to ensure a clean living environment for six of six sampled residents (Residents #1-6).
Findings included:
Observation on / at 9:03 A.M. showed that laundry had yellow and black spots. The common area ceiling had a lot of dust near to the air conditioner vent.
Interviewed on / at 1:15 P.M., the Administrator acknowledged the deficiencies found during the survey. He stated I" can paint the laundry ceiling now if you want."
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Villasol Group Inc
14300 Sw 36 Street
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a Full Monitoring state 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 , 2017.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb

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