RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a Monitoring 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 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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Miami, FL
Phone:(305) 593-3100; Fax:(305) 593-3121
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966710	12/12/2016
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

A monitoring survey to check on residents was conducted on 12/12/2016. Villa Serena (AL10868) with Limited Nursing services had the following deficiencies found at the time of the survey:

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review, and interview the facility failed to have an up-to-date admission and discharge log.

Findings as follow:

On at 9:45 a.m. Residents #9, #10, #11, and #12 were observed in facility.

Record review showed the facility kept medication of observation (MORs) for Residents #9, #10, #11, and #12 signed till at 8:00 a.m. by Staff D. Residents #9, #10, #11, and #12 had contracts executed the with facility.

On at 10:30 a.m. Staff D (caretaker) stated they supervised Residents #9, #10, #11, and #12 with self administration of medications and signed the MORs after that. Staff D acknowledged Residents #9, 10, 11, and 12 were not listed in the admission and discharge log because they were independent living.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to have executed contracts between the facility and 5 out of 12 (Resident # 7, #9, #10, #11 and #12) facility residents.

Findings as follow:

Resident #7 was admitted to facility on . The facility failed to have an executed contract with Resident #7 available for review.

Record review found Resident #9 and #10 were admitted to facility from another ALF on . The facility had Residents #9, #10, #11, and #12 medication records signed by Staff D showing residents received assistance to take medications. The facility did not have residency contracts for Residents #9, #10, #11, and #12 but had had independent living Contracts for the mentioned residents.

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

On 12/12/2016 Staff B (assistant administrator) acknowledged the facility did not have contracts for Resident #7 adding Residents #9, #10, #11, and #12 were independent living.

Class III

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

Z827 - Unlicensed Activity - 408.812 FS

Based on observation, record review, and interview the facility exceeded its licensed capacity of 8.

Findings as follow:

On 12/12/2016 at 9:45 a.m. during facility tour with Staff D, there were observed 12 residents in facility.

Record review showed the facility had a license capacity of 8 residents.

Record review showed Resident #9: had an independent living Contract signed on / . Medication observation records (MORs) were signed by Staff D till at 8:00 a.m.

Resident #10 admitted on / , MOR review showed it was signed by Staff D till at 8 am.

Resident #11 admitted on / , health assessment dated showed resident needed supervision with bathing, self care and toileting and needed assistance with medication administration. MOR review showed Staff D signed it till / at 8 am.

Resident #12 admitted on / health assessment dated stated resident needed supervision with bating, self care and toileting and assistance with self administration of medications. MOR review showed Staff D signed the MOR till at 8 am.

On at 10:20 a.m. Resident #9 stated received assistance from Staff with self administration of medications, staff wash clothes and cook.

On / / at 10:25 a.m. Resident #10 stated received assistance from Staff with self administration of medications, had medications in (medications were observed in a drawer in), Staff wash clothes and clean .

On / at 10:30 a.m. Staff D interviewed, stated staff supervised Residents #9, #10, #11, and #12 with self administration of medications and signed the MOR after that. Staff D added Residents #9, #10, #11 and #12 were independent living.

Unclassified