| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11963757 | 12/07/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**VICTORIA VILLA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5151 S.W. 61 AVENUE**<br>**DAVIE, FL 33314** | |

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

**0000 - Initial Comments**

An unannounced complaint survey CCR# 2016010622 was conducted 12/7/16 at Victoria Villa an Assisted Living Facility (license #8646). The facility had a deficiency identified at the time of the visit.

**0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC**

Based on observation, record review and interview, the facility failed to ensure appropriate admission of 1 (Resident #1) of 3 residents' records reviewed.

The findings include:

Current regulations state that a resident may not reside in an Assisted Living Facility with or 4 which is defined as full thickness tissue loss. A (partial thickness dermis loss) is acceptable meeting certain conditions and if the resident's condition fails to improve within 30 days as documented by a health care provider, the resident must be discharged from the facility.

According to the National Advisory Panel, an unstageable is defined as a full thickness tissue loss in which the base of the is covered by (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the bed. Until enough and/or eschar is removed to expose the base of the , the true depth, and therefore stage, cannot be determined. Stable (dry, adherent, intact without or fluctuance) eschar on the heels serves as "the body's natural (biological) cover" and should not be removed.

Observation of Resident #1 on at 9:30 AM, Resident #1 was noted to have a dressing to her left foot with socks in place covering both feet. Resident #1 was unable to answer questions regarding her .

Record review on revealed Resident #1 was admitted to the facility on . An AHCA form 1823 dated signed by a doctor, documents the resident has a pressure and home health - skilled nursing is required. Another AHCA form 1823 dated signed by an Advanced Registered Nurse Practitioner (ARNP) documents that the resident has an unstageable to the left lateral foot. The ARNP also documents in an assessment summary: left lateral heel 2 cm in diameter, moderate drainage, unstageable. Facility notes dated states "Resident has a left heel. Initial assessment completed by Staff A on / documents heel left heel (unstageable).

On at 11:25 during an interview with Staff C , she stated that Resident #1 has a on her left heel. She stated she has not seen the lately but saw it when they first started treating it, it

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11963757 | 12/07/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**VICTORIA VILLA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5151 S.W. 61 AVENUE**<br>**DAVIE, FL 33314** | |

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

was yellow in the center.

On 12/7/16 at 11:40 AM, Staff B stated when Resident #1 came in, she already had the to left heel. She stated the was scabbed over and yellowish. She said they don 't treat wounds themselves, they called home health right away. The home health nurse was treating the from to then she went to the care center.

During an interview with the home health nurse at 12:30 PM, he stated that the resident was admitted to the facility with the and saw her soon after. The was unstageable at that time. It had a yellow base. He stated treatment was about 2 weeks and referred her to the care center because he did not like how slow the was healing. He stated that, up until last week, he was still providing home health care for treatment under the orders from the care center. He stated that the is healing and has decreased in size from approximately 2.5 cm and his last measurement was 0.9 x 1.0. He confirmed he has been treating the since 2016 which is now over 3 months.

Review of the Home Health admission assessment documentation found that. the resident was noted to have an unstageable to the left outer lateral heel covered in yellow peri- pink and intact with small amount of thick yellow drainage. Further review of several Home Health visit notes dated between 2016 and 2016 found in the resident's file refer to the as unstageable.

During an interview with the Administrator and the facility Supervisor on at 1:50 PM, the Administrator confirmed that both she and the Supervisor went to assess the resident before admission. The Supervisor confirmed they were told that the resident had an unstageable to her left heel. The Administrator stated she did not know an unstageable was not allowed in the facility. They thought that since it was not a or 4, it was okay.
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Victoria Villa
5151 S.W. 61 Avenue
Davie, FL 33314

**RE: CCR #2016010622**

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call the field office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com