STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953473	R 01/26/2017
NAME OF PROVIDER OR SUPPLIER **VILLA ROSE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **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 3rd follow-up visit to 5/11/16, 7/13/16, and 8/18/16 complaint CCR 2016001757 was conducted at Villa Rose Assisted Living Facility on 1/26/17. Villa Rose Assisted Living Facility had an uncorrected deficiency and a new deficiency at the time of the visit.

(License number 8071)

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure that medications were secured and kept in a locked cart at all times.

Findings included:

At 10:05 AM on 1/ , the facility ' s medication cart was observed as unlocked, with the top draw open, and unattended by facility staff.

Administrator was interviewed at 10:15 AM concerning the unlocked medication cart. Administrator acknowledged that the medication cart was open. Administrator stated that they were having problems locking the cart but the pharmacy had not yet replaced it.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

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

Findings included:

During a tour of the facility beginning at 9:26 AM on 1/ , the doorway leading from the dining area in to the north hallway showed piece of vinyl tile sticking up, presenting a tripping hazard. Caregiver A was shown the hazard and they presented metal molding, indicating that it needed to be attached to the flooring.

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SUMMARY STATEMENT OF DEFICIENCIES
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Resident #1 ' s room was observed and it showed that the vinyl flooring was stripped and discolored. The north hallway located near Resident 1 ' s room also showed the same damaged flooring.

At 10:05 AM on / , 2 red sharps containers were observed sitting on the desk next to the dining area. The sharps containers were filled to near capacity with used syringes. Residents were observed walking around the facility and sitting in the adjacent dining access to these sharps containers.

An interview was conducted with Administrator at 10:15 AM on / . Administrator was shown the concerns regarding the vinyl tile sticking up as well as the damaged flooring in Resident #1 ' s the hallway. Administrator stated that the flooring had been replaced in the dining that the metal molding needed to be installed. Administrator also acknowledged the sharp containers and stated that visiting nurses utilized it. Administrator then placed the sharps containers in to a locked office area.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a **third** State Licensure Revisit Survey conducted on 26, 2017 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were 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. **All deficiencies shall be corrected no later than , 2017.**

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,

FW Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure

YOSF

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