

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966515	(X3) DATE SURVEY COMPLETED 02/01/2017
NAME OF PROVIDER OR SUPPLIER VILLA NORA #2	STREET ADDRESS, CITY, STATE, ZIP CODE 998 WEST 31 STREET HIALEAH, FL 33012	

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

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation, record review, and interview the facility exceeded their license capacity of 6. The facility had a census of 7 residents.

Findings included:

During tour of the facility on at 8:15 am observed eight people in the facility.

Staff B stated on at 8:20 am that Resident #3 was a daycare participant.

Review of the admission/discharge log revealed Resident #3 was listed as daycare participant.

On at 8:48 am Resident #3's daughter stated on the phone, "my mother lives there permanently. She is in the is next to the dining another lady." The to the living #

The administrator stated on on the phone at 8:52 am, "Resident #3 is staying there now because we have not signed her daycare contract yet." At 9:15 am the administrator stated, Resident #3 is her neighbor and that she is doing a favor to the daughter who is in a really bad situation at the moment but she is going to talk to her to make sure that she brings her in the morning and that she picks her up at night.

Review of the medications revealed that there were medications cards for Resident #3 at the facility.

Unclassified

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0000 - Initial Comments

A Complaint Survey (CCR #2017000193) was conducted on _____, 2017. Villa Nora #2 Inc. (License # 10714) with Limited Mental Health component had deficiencies identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to ensure that a health assessment was completed and signed by a physician after a significant change for 1 out of 3 sampled residents (Resident # 1).

Findings included:

Record review revealed Resident #1's health assessment was completed for on _____ but the physician did not sign the assessment. The health assessment stated that the resident required total assistance with activities of daily living and medication administration.

On _____ at 9:46 am the administrator stated that the physician did the health assessment and forgot to sign it.

Class III