STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912024	**02/02/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA I**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 SW 22 TERRACE** **MIAMI, FL 33145**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain an up-to-date employee roster in the Background Screening Clearinghouse database for 1 out 5 sampled staff (Staff B).

Findings included:

A review of Staff B's employee file revealed Staff B was hired on .

A review of the staffing schedule revealed that Staff B was listed in schedule from 7:00 AM to 6:00 PM.

A review of the employee roster in the Background Screening Clearinghouse database showed Staff B was not listed.

On at 4:28 PM with Staff C stated "I know Staff B was added in the roster for Villa Serena II, but we have not added her to the roster for Villa Serena I, because I thought we did not have to add her."

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912024	**02/02/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA I**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 SW 22 TERRACE** **MIAMI, FL 33145**	

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

0000 - Initial Comments

A standard biennial survey on and concluded on . Villa Serena I with Limited Nursing Services and Limited Mental Health components and license #8022 had the following deficiencies identified at the time of the survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview, observation, and record review, the Assisted Living Facility failed to document and notified the physician after a resident had significant changes in weight for 1 (Resident #5) out of 11 sampled residents. Resident #5 lost 20 pounds in 18 days.

Findings included:

On at 3:03 PM Resident #5's sister stated, "we just got back from her appointment. She has been here since , 2016. The food is not that good is a lot of rice and beans and my sister is a vegetarian, so I have to buy the food because the ALF does not provide a vegetarian diet for her. I do not understand why she gives her entire check and she receives money from the waiver combined is almost $1900 and she is not able to receive a vegetarian diet. My sister has lost about 20 pounds (lbs). since she has been living here, the last time she was weighed was at the doctor's office, her most recent weigh was 142, she was weighing about 160, its good she lost the weight, but it was strange to me."

On at 3:17 PM Caregiver A was asked to please weight Resident #5.

On at 3:18 PM the Caregiver A weighed Resident #5 and the resident weighted 142 lbs.

Review of Resident #5's weight log revealed that at the time of admission on weight was 160 lbs., then was 161 lbs., on was 168 lbs., on was 168 lbs., on was 168 lbs., on was 158 lbs., on was 163 lbs. There was no documentation in the record that physician has been notified about the significant weight change. There was no documentation in record that revealed that resident was vegetarian.

An interview on at 3:20 PM the Caregiver A revealed that she does not recalled if she copied the weight or she actually weight the resident.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912024	**02/02/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA I**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 SW 22 TERRACE MIAMI, FL 33145**	

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

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on interviews and observation, the Assisted Living Facility failed to honor resident's rights. The facility failed to ensure that qualified, linguistically competent staff were available to supervise the residents, for 4 out of 11 sampled residents (Resident #2, #3, #6, #7).

Findings included:

On at 4:21 PM Resident #3 stated, "another problem that I had is with the language, staff are wonderful they provide wonderful care and I don't want to get them in trouble but they just speak Spanish."

On at 2:06 PM Resident #2 stated, "it's okay; I have been here for almost two years. The staff treat me good, but they do not speak English, so it is hard for them to understand sometimes."

On at 4:19 PM Resident #6 stated, "no, they never yell at me but, the staff is very bossy, and they do not speak English, so it's hard for me to understand them."

On at 2:33 PM Resident #7 stated, "the staff is good, but they do not speak any English, it's hard to communicate with them."

On at 2:50 PM observed Staff A was speaking to Resident #5 in Spanish. Resident #5 is not able to speak Spanish.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the Assisted Living Facility's caregiver failed to follow the procedures during assistance with self-administration of medications for 1 (Resident #2) out of 11 sampled residents.

Findings included:

Observation on at 4:51 PM revealed that Caregiver A assisted Resident #2 with self-administration of medication. Caregiver A took a capsule out of the medication card and read label, " ", while put tablet in Resident #2's hand.

On at 4:52 PM before Resident #2 put , capsule in her mouth, Caregiver A stated

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912024	02/02/2017
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA I**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 SW 22 TERRACE** **MIAMI, FL 33145**	

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

"wait it is the wrong medicine."

On at 4:52 PM the Caregiver A disposed the medicine.

On at 4:53 PM the Caregiver A stated, "I'm sorry for what happen; it is the pain medicine."

Review of medication card revealed that medicine was HM Pain ER 650 mg.

On at 5:07 PM the Caregiver A went to # where Resident #2 was and explained what happened. Caregiver A read the medicine label , 25 mg.

Review of Resident #2's Medication Observation Records (MORs) revealed that there was an order for , 25 mg capsule take one capsule by mouth twice a day and it was scheduled at 8 AM and 5 PM. Also there was an order for HM Pain ER 650 mg tablet take one tablet by mouth every 12 hours and it was scheduled at 8 AM and 8 PM.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

Observation on at 3:31 PM revealed that Caregivers A and B were the only caregivers in the facility.

Review of facility's staffing pattern posted in the bulletin board which did not specified for which month it was for showed that Caregiver A worked from Monday thru Friday from 7 AM to 6 PM and Saturday from 7 AM to 2 PM. Caregiver B worked from Sunday thru Thursday from 7 AM to 6 PM and from Sunday thru Thursday from 6 PM to 7 AM.

An interview on /2017 at 4:21 PM the Caregiver C stated, "they did not write for which month it was for." In further interview at 4:22 PM the Caregiver C stated, "let me check please".

An interview on at 4:24 PM the Caregiver B stated "I start working Tuesdays at 6 AM and leave facility on Friday at 6 AM."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912024	02/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA SERENA I	**1200 SW 22 TERRACE MIAMI, FL 33145**

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

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview, the Assisted Living Facility failed to note substitutions before or when meal served. The facility failed to ensure that residents participated in meal planning.

Findings included:

Observation on at 3:32 PM revealed that Caregiver B was preparing dinner. There was a pot with a watery macaroni with light yellow color. Observation on at 5:13 PM revealed that Caregiver B served dinner. Dinner served was macaroni mixed with cheese and chicken, it did not appear to be attractive. It was watery. Fruit cocktail, and water. Observation on at 5:15 PM revealed Residents #4 and #8 ate in the dining . Food served was macaroni mixed with cheese and chicken, fruit cocktail, water and soursop power mixed in water.

Review of facility's record revealed that menu posted showed for at dinner time Spanish omelet of on egg, jam, potato, onion, one toast, tomato, onion and one fruit was scheduled to be served. The menu was changed for macaroni, cheese and chicken; it did not indicate any dessert.

Observation on at 12:05 PM revealed that Residents #4, #8, #10 and # 11 ate lunch in the dining . Lunch served was: pear, pork chop, rice with beans, fried sweet plantain and mixed salad and carrots, broccoli and cauliflower.

On at 4:21 PM, interview with Resident #3 stated, "the food is ok, they could provide with more variety. I would like more salad."

On at 4:19 PM, interview with Resident #6 stated, "my daughter buys me the food I like. They do not offer the things I like."

On at 2:06 PM, interview with Resident #2 stated, "the food is ok, but I am on a special diet, and it is hard for them to keep up with my diet. I have different medical problems."

On at 4:28 PM, interview with Resident #5 stated, "I do not like the food, I do not eat meat, I am a vegetarian, so I have to buy my own food."

On at 2:33 PM interview with Resident #7 stated, "the food is not good, there is no variety.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912024	**02/02/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA I**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 SW 22 TERRACE** **MIAMI, FL 33145**	

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

We get bread and butter for breakfast three days in a row sometimes, and a lot of rice and beans."

An interview on at 12:10 PM the Caregiver C revealed that lunch was always better because dinner was lighter.

Review of facility's record revealed that menu posted showed for at lunch time original was pork chop, rice with beans, cassava with dressing, green beans and dessert. Facility's substitute from the menu the cassava with dressing by fried sweet plantain.

Class III

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

Based on record review, interview and observation, the Assisted Living Facility failed to have an up-to-date admission and discharge log. The facility also failed to have an annual satisfactory fire inspection.

Findings included:

1. Review of facility's record revealed that Resident #7 was not included in the admission and discharge log.

An interview on at 4:05 PM the Caregiver C revealed that Resident #7 lived upstairs and was a resident from the facility.

Observation on at 4:07 PM revealed that Caregiver C added Resident #7 to the admission and discharge log.

2. A review of facility's bulletin board revealed Fire inspection expired on .

On at 3:41 Staff C stated "I have called the fire department to schedule the inspection, but they are behind on their appointments."

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that 1 (Resident #1) out of 11 sampled residents had the mental health assessment and community living support plan

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912024	**02/02/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA I**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 SW 22 TERRACE** **MIAMI, FL 33145**	

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

updated at least annually.

Findings included:

Review of Resident #1's revealed revealed the community living support plan and the , agreement with the mental health care services provider was dated ; Limited Mental Health assessment was dated .

An interview on at 12:55 PM the Caregiver C revealed that the only community living support plan, , agreement, and limited mental health plan for Resident #1 was the one surveyor saw in the record; she did not see any other.

Class III