STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968273	**03/03/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA LINDA INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **670 W 72ND PL** **HIALEAH, FL 33014**	

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

0000 - Initial Comments

A Limited Mental Health Component Expansion survey was conducted on at Villa Linda Inc, license number (12258). There was a deficiency found at the time of the survey.

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to have one out of the five sampled residents' (#1) contract signed.

Findings included:

Record review revealed that resident #1's family member had the authority to sign the contract with the facility. The contract was not signed. Resident (#1) was admitted on .

Interviewed the Administrator on at 10:45 AM, she stated the family member lives in Central Florida as doesn't come down to Miami that much and did not know when the next time the power of attorney (POA) will be in town to sign the contract.

Class III