STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932401	**03/28/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA RIO VISTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1115 SE 6TH TERRACE** **FORT LAUDERDALE, FL 33316**	

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

0000 - Initial Comments

A unannounced relicensure survey was conducted on at Villa Rio Vista, License#5143. The facility had deficiencies at the time of the survey.

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

Based on observation and interview, it was determined the facility failed to ensure that all existing appurtenances are maintained, specially related to the maintenance of the chairs and couch in the activity .

The findings included:

During observation on the initial tour and throughout the day (9:15am-3:00pm) on , in the Activities following was identified: Chairs and couch were very worn and had heavy stains on it. Observed 2 residents sitting on chucks , . (Photographic evidence obtained). During interview with the Administrator at 3:00pm on , the above stated items were acknowledged and agreed.

Class

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

Based on record review and interview, the facility failed to maintain an up-to- date Admission and Discharge Log for Limited Mental Health (LMH) resident, for 2 of 2 sampled residents (Resident#4 & Resident #5).

The Findings Included:

A review of the Admission and Discharge Log for the facility revealed Resident#4, admission date was not listed in the in the Admissions and Discharge Log. Resident#5 admission date , was listed in the Admission and Discharge Log, but was not identified as a LMH resident. During an interview with the Administrator, it was confirmed that Resident #5 is identified.

An interview conducted with the Administrator on at approximately 2:15PM, she acknowledged the findings and provided no additional information for review.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932401	**03/28/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA RIO VISTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1115 SE 6TH TERRACE** **FORT LAUDERDALE, FL 33316**	

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 the employment status of all employees within the clearinghouse for initial employment status, for 1 of 3 sampled Staff (Staff E).

The Findings Included:

A review of the facility staffing schedule dated 20 - , 2017 revealed Staff E is is active on the current staff schedule. Staff E has worked at the facility since . A review of the Agency for Health Care Administration background screening website revealed that the facility did not have Staff E on the employee roster.

In an interview conducted on at approximately 2:10PM with the Administrator, she acknowledged the findings and provided no additional information for review.

Unclassified