STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910926	04/19/2017
NAME OF PROVIDER OR SUPPLIER **VILLA ROSA I, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **182 WEST 9 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Change of Ownership Survey was conducted on , - 19th, 2017. Villa Rosa I, INC (AL#5849) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey.

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

Based on observation and interview the facility failed to honor the residents right regarding privacy to the residents that occupied 9 through 18. Based on record review and interview the facility failed to ensure that all the residents had access to the current menu and were able to read it.

Findings included:

During tour of the facility on at 8:30 am observed that the from #9 to # 18 had been recently painted and they had no curtains on the windows. Also observed in #12 and #16 that there were residents in beds that could be seen by anyone walking outside.

On at 8:45 am the maintenance person stated, "We are remodeling the building. The curtains are being made and we will put them this week."

Review of the menus posted in the bulletin board in the dining that the menu in English corresponded to the week of to and the menu in Spanish corresponded to the week of to and was the one being followed.

On at 11:15 am Staff B stated, "yes, we have to be on top of that. The 2 menus on display have to be the same. Everyone has the right to be able to read the menu."

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on observation, record review and interview, the provider failed to have a surety bond with the minimum bond proceeds that equal twice the value of the residents' monthly aggregate income for 10 out of 13 (#1, #2, #3, #4, #7, #8, #9, #10, #11 and #12) sampled residents including .

Findings included:

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A review of the provider's surety bond revealed it was for $10,000, which was less than twice the value of the residents' #1, #2, #3, #4, #7, #8, #9, #10, #11 and #12 monthly aggregate income, which included any supplemental security income or social , income plus the payments.

Interview on at 10:26 am Staff B stated that the facility is the representative payee of residents' monthly income and who received and that she had a surety bond. Staff B acknowledged that an increased was necessary on the facility's Surety Bond.

Class III

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

Based on observation and interview the facility failed to ensure that all existing architectural and structural systems, and appurtenances are maintained in good working order.

Findings included:

During tour of the facility on at 8:30 am observed in # the window curtain was broken. Also there were white patches in the outside wall of # 13 and #17 and in the hallway.

On at 8:45 am the maintenance person stated, "We are remodeling the building. The curtains are being made and we will put them this week. We still need to paint the outside of the because we are finishing the inside first."

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to update staffing status within the clearinghouse for three of twelve (J, K, and L) sampled staff.

Findings included:

Record review of the clearinghouse website revealed that the facility's roster needed to update. The facility's roster reflected Staffing J, K, and L working; however, the staffing pattern did not have them listed.

Interview on at 11:50 am Staff B stated that they needed to remove Staff J, K, and L from the facility's roster in the clearinghouse. In addition, Staff B stated, "They are not working here since ."

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, record review, and interview the facility failed to ensure one of nine sampled Staff (I) had a completed Level II background screening

Findings included:

On at 10:00 am the staffing pattern listed Staff I as working in the facility for the month of , 2017.

Record review on revealed Staff I (hired) last documentation of the Level II background screening dated on stated, "awaiting for privacy".

Interviewed on at 11:50 am revealed Staff B confirmed the findings in regards to Staff I not having an eligible documentation of the Level II background screening at time of survey.

Unclassified