STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964423	R 05/02/2017
NAME OF PROVIDER OR SUPPLIER **VILLA MARIA PIA**	STREET ADDRESS, CITY, STATE, ZIP CODE **322 NW 43 PLACE** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 05/02/2017. Villa Maria Pia (License # 9217) with Limited Nursing Services and Limited Mental Health components had a deficiency identified at time of the survey.

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

Based on observation, record review, and interview the facility failed to maintain written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings Include:

Observation on . . . . . at 9:40 AM showed Staff C was in care of the residents and providing personal services to them, census of 13 residents. Staff A arrived at 11:10 AM.

Staffing schedule review showed Staff A is scheduled to be at the facility from 9 AM-1 PM, and Staff C is scheduled to be in the facility 6 AM-2 PM, 2 PM-10 PM, 10 PM-6 AM. Staff E was not in the schedule.

Interview conducted on . . . . . at 11:30 AM, the Administrator stated, "Staff E works in the other facility. I transferred her today to help Staff C. I went to other facility to bring her record."

Uncorrected Class III