

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953233	(X3) DATE SURVEY COMPLETED R 08/31/2017
NAME OF PROVIDER OR SUPPLIER VILLA SERENA II	STREET ADDRESS, CITY, STATE, ZIP CODE 60-62 NW 33 AVENUE MIAMI, FL 33125	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on 8/31, 2017. Villa Serena II (License #8518) with Limited Nursing Services component had uncorrected deficiencies at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview, the facility failed to update the health assessments for 1 out of 12 sampled residents who was admitted to hospice services (Resident # 11).

Findings included:

On 8/31 at 9:14 AM observed Staff I giving coffee to Resident #11 with a spoon into the resident's mouth.

On 8/31 at 9:15 AM Staff D stated that Resident # 11 needed to be fed and staff to administer medications. Staff D stated, "He became like that since Saturday and they said that they were going to place him on continuous care but they did not."

Review of Resident #11's record revealed that he was admitted to hospice on 8/31/2017. A new health assessment was completed by his physician on 8/31/2017. The health assessment was missing the resident's name in every page and was missing the height and weight. Activities of daily living (ADLs) stated that he was independent with ambulation and transferring (on the first page stated that he had unsteady gait and at risk of falling), required assistance with eating and total assistance with the rest of his ADLs; stated that he required assistance with self-administration of medications.

On 8/31 at 10:05 AM Staff D attempted to make Resident #11 stand up and the resident was not able; she stated, "Maybe when he is more awake because this morning he walked a few steps."

Uncorrected Class III

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

Based on observation, record review, and interview, the facility failed to have a consent for the use of bed rails for one out of 12 sampled residents (Resident # 12).

Findings included:

On 8/31 during tour of the facility at approximately 8:43 AM observed Resident #12 in bed with half

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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side rails up. Record review of Resident #12's record revealed the facility did not have a consent for the use of side rails. Staff B stated on at 11:03 AM, "The resident is under guardianship program and the consent was sent to them to be signed on and had not been sent back; I call them every week and still did not receive it." Uncorrected Class III		