STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912024	R 09/27/2017
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA I**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 SW 22 TERRACE** **MIAMI, FL 33145**	

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

0000 - Initial Comments

A Complaint revisit survey (CCR #2017005799) was conducted on . Villa Serena I (license #8022) with Limited Mental Health and Limited Nursing Services components had the following deficiency found at the 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 a written staffing pattern that reflected its 24-hour staffing pattern for a given time period.

Findings included:

On at 9:30 AM Staff A was found alone in the facility, assisting 14 residents with activities of daily living.

On at 9:40 AM Caregiver A stated that the other care giver had to take another resident to a doctor's appointment.

Facility record review showed that the staffing pattern posted on the facility bulletin board was dated to .

On at 10:35 AM the Administrator called and stated the reason why the staff calendar was from was because she came to the facility and took all the papers from , and took them home to be safer before the hurricane.

Class III