STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953233	R 11/08/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA SERENA II	**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 Second Revisit Survey was conducted on 11/08/17. Villa Serena II (License #8518) with Limited Nursing Services component had uncorrected deficiencies at the time of the survey:

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation, record review, and interview, the facility failed to ensure that 1 out of 15 sampled residents (Resident # 15) admitted to the facility did not required total care with activities of daily living (ADLs). Resident #15 did not meet admission criteria based on the health assessment.

Findings included:

On .... at 9:14 AM observed Staff giving assisting resident with ADLs.

Review of Resident #15's record revealed that he was admitted to the facility on ..... . Resident #15's health assessment dated documented the resident needed total care with ADLs (ambulation, bathing, and toileting).

During an interview on .... at 1:16 P.M. a Compliance Manager Staff stated that Resident #15 was not receiving hospices care.

Class III