STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967799	02/02/2018
NAME OF PROVIDER OR SUPPLIER **VILLA LA ESPERANZA II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6021 WEST PARIS STREET** **TAMPA, FL 33634**	

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

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation, interview and record review, the facility failed to (1) comply with the licensed capacity of six. Specifically, nine residents received 24-hour assisted living services while the facility was licensed for a capacity of six residents; and, (2) ensure that . . . . . , care, performed by the Manager, was provided by a licensed health care provider for one (#9) of nine resident received 24-hour assisted living services.

Findings included:

1.
Facility's license (#AL11788), effective from to , established that the facility was licensed for six private pay resident beds.

Upon facility entry, on . . . . . at 05:58 a.m., Staff A stated that the facility has nine residents who slept at the facility for the past three days. Facility tour, conducted with Staff A revealed that there was nine residents sleeping at the facility.

Review of the facility's Admission Discharge Log, on . . . . . , revealed that six residents were listed as residing at the facility for assisted living services. Resident #2, Resident #6 and Resident #8 were not listed on any log.
Review of a resident referral from another agency dated . . . revealed that Resident #6 was an emergency placement on that date.

During interview with the Manager, conducted on . . . . . at 06:18 a.m., she confirmed that a total of nine residents slept and received assisted living services for at least three consecutive days. Manager stated that six are assisted living (ALF) residents; Manager referred to two as Adult Day Care that periodically received 24 consecutive hours of assisted living services, and one emergency placement that has resided at the facility since . . . . . .

Family interview for Resident #2, conducted on . . . . . at 06:32 a.m. revealed that Resident #2 slept at the facility for the past three consecutive days, and receives 24- hour consecutive hours of ALF services periodically, depending on family's work schedule.

Family interview for Resident #8, conducted on . . . . . at 08:54 a.m. revealed that Resident #8 slept at the facility for the past three consecutive days, and receives 24- hour consecutive hours of ALF services periodically, depending on family's work schedule. Family confirmed that he did not have a

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contract completed with the facility.

2.

On , conversation with and observation of Resident #9 revealed she had a functioning .

On , at 07:75 a.m., Resident #9 stated that a nurse provided care for her .

On , at 09:41 a.m., the Manager stated that a Home Health nurse changes the bag for Resident #9.

Review of, undated, health assessment (AHCA Recommended Form 1823), for Resident #9 revealed the assessment indicated that Resident #9 required nursing services for her . Further record review revealed no evidence that Resident #9 was receiving nursing services for her .

On , at 10:36 a.m., the Manger stated that she changes the bag for Resident #9, and confirmed that she was not a licensed health care professional. The manager confirmed that Resident #9 was not receiving any home health nurse services.

Unclassified

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0000 - Initial Comments

Assisted Living Facility

An unannounced complaint survey, (CCR# 2017013824), was conducted in conjuction with a biennial re-licensure on at Villa La Esperanza II, (License #11788), an Assisted Living Facility located in Tampa, Florida. There were deficiencies identified during the survey.

(License # 11788)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and staff interview, the facility failed to provide care and services appropriate to the needs of the residents for one (Resident #9) out of two resident files reviewed.

The findings included:

On , conversation with and observation of Resident #9 revealed she had a functioning .

On , at 07:75 a.m., Resident #9 stated that a nurse provided care for her . Resident #9 was not able to recall the nurse's name.

Review of Resident #9's record and interview with the Manager revealed Resident #9 did not have a licensed professional providing care for her .

On , at 10:36 a.m., the Manger stated that she changes the bag for Resident #9, and confirmed that she (the Manager) was not a licensed health care professional. The manager confirmed that Resident #9 was not receiving any home health nurse services.

On at 3:45 p.m. the Manager stated, "I'll be honest, It was me. I'm the nurse."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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