

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 03/08/2018  
FORM APPROVED

|                                                             |                                                                                       |                                                           |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966615</b>           | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>02/07/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VILLA SERENA III</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1777 NW 30 STREET<br/>MIAMI, FL 33142</b> |                                                           |

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

**0000 - Initial Comments**

A Standard Biennial Revisit Survey was conducted on 02/07/2018, 7, 2018. Villa Serena III (AL #10792) with Limited Mental Health component had deficiencies identified at the time of the survey.

**0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC**

Based on observation, record review, and interview the facility failed to have administration records from a home health agency available for review for one of three (# 10) sampled residents.

Findings included:

Observation on 02/07/2018 at 11:00 am revealed the facility had [redacted] inside the refrigerator (locked) that belonged to Resident #10.

Record review revealed that Resident #10's home health book had last [redacted] administration signed on 02/07/2018.

Interview on 02/07/2018 at 12:00 pm Staff A confirmed that Resident #10's last administration of [redacted] for home health nurse signed on [redacted].

Class III

**0162 - Records - Resident - 58A-5.024(3) FAC**

Based on observation, record review, and interview the facility failed to have a signed consent for an unlicensed staff assists with self-administration of medication for one of 12 (#11) sampled residents. The facility failed also to have an order to self administer [redacted] for one of 12 (#12) sampled residents.

Findings included:

1) The facility's Admission/Discharged log reflected Resident #11 was admitted on [redacted]. Record review revealed Resident #11 was receiving assistance with self-administration of medication by an unlicensed staff from [redacted] - [redacted]. However, Resident #11 did not have a signed consent for an unlicensed staff to assisted with self-administration of medication.

Interview on 02/07/2018 at 12:00 pm Staff A confirmed Resident #11 did not have a signed consent for

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>VILLA SERENA III</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1777 NW 30 STREET<br/>MIAMI, FL 33142</b> |                                                           |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                           |
| <p>unlicensed staff to assist with self-administration of medications.</p> <p>2) Observation on at 11:00 am revealed Resident #12 had his medications storage in a white cabinet (locked) and his inside of the facility refrigerator (locked).</p> <p>Interview on at 11:00 am Staff D stated, "Resident #12 who administered the himself."</p> <p>Record review revealed Resident #12's health assessment reflected, "Needs assistance with self-Administration of medication." In addition, Resident #12 Medication Observation Record (MOR) signed by unlicensed staff from Further record review reveled Resident #12 did not have a doctor's order to self administer the In addition, Resident #12 had a doctor ordering a Glucometer for monitoring glucose level.</p> <p>Interview on at 11:10 am Resident #12 stated, "Staff assist me with my medications daily; however, I administer my myself. I used to have a nurse to come to administer the She taught me how to do it, and I am doing myself now.</p> <p>Class III</p> <p><b>0167 - Resident Contracts - 58A-5.025 FAC</b></p> <p>Based on record review and interview the facility failed to have the monthly rate documented on the contract for one of two (#10) sampled residents.</p> <p>Findings included:</p> <p>The facility's Admission/Discharge log showed Resident #10 was admitted to the facility on</p> <p>Record review revealed Resident #10's contract did not have a monthly rate documented at time of survey.</p> <p>Interview on at 12:00 pm Staff A confirmed Resident #10's contract did not have the monthly payment reflected.</p> <p>Class III</p> |                                                                                       |                                                           |