STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963757	02/22/2018
NAME OF PROVIDER OR SUPPLIER **VICTORIA VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5151 S.W. 61 AVENUE** **DAVIE, FL 33314**	

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

0000 - Initial Comments

An unannounced re-licensure survey was conducted on and at Victoria Villa, License # 8646. The facility had deficiencies at the time of the visit.

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

Based on observation, record review and an interview, the facility failed to ensure timely notification to the MD for potential medical care, and failed to notify family/representative of a change in condition for 1 of 2 sampled residents (Resident #6).

The findings included:

Observation of Resident #6 on at approximately 10:30 AM revealed the resident with dark purple on both sides of forehead, over and under both eyes, only one eye barley opens, and on both cheeks of face down to the chin.

Record Review of Resident # 6's MOR (medication observation record) reflects a MD order for baby , ( ) due to related health issues. Review of AHCA form 1823, Health Assessment, dated reflects diagnosis of ( ); ( ); ( ); A-fib ( ); ; ; ; and B- , deficiency.

Record review of the progress notes, dated (Friday) at 9:30 AM, by the CNA (certified nurses assistant) for Resident #6's documented the resident bumped her head on the sink at bedtime, Sustained large knot on forehead, had small amount of noted, and ice was applied. At 9:45 PM, the report documented the resident bumped her head, called the son, and left message to call back about Resident #6.

In an interview with the Assistant Administrator (Registered Nurse / RN) at 11:30 AM, she stated she entered the progress note regarding the resident's injury. The assistant administrator stated that she was present in the building when incident occurred and added that the MD (medical doctor / physician) was not notified. She said she did not think it was that bad, even though the resident sustained a large knot on forehead and had a little bit of from an open cut on the forehead above the eye. She further said the resident has a tendency to rock forward while in the wheelchair and can hit her head. The assistant administrator then said that staff are aware of this behavior.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963757	02/22/2018
NAME OF PROVIDER OR SUPPLIER **VICTORIA VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5151 S.W. 61 AVENUE** **DAVIE, FL 33314**	

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

The assistant administrator also said that when she returned to work on Monday , the resident was observed with over both eyes, forehead, and cheeks. She said there were numerous messages left for the son, who lives out of state, but there have been no return call. The surveyor requested to see evidence or documentation of the attempted contacts to the son. There was only one documentation noted of attempt made to notify family on at 9:45 PM. The Assistant Administrator did not provide additional documents. There was no other evidence or documentation made of follow up with the family.

A surveyor contacted and spoke with the family of Resident #6 on without difficulty. When asked how does the facility communicate and notify when an incident occurs, he seemed to not be aware of Resident #6's recent and said nothing about the being reported to him.

Interview with the Licensed Practical Nurse (LPN) on at 11:54 AM revealed she was not made aware or notified of the injury. The LPN said she came to work next day (Saturday), and was informed at that time. The LPN said she requested a skull x-ray for the resident. The LPN stated she changed the dressing which was messy, and dried was on the resident's hair. It could not be determined the time the X-ray was taken. The X-ray was not ordered stat, but the report documented a history of , and the x-ray was completed on . The report was negative for .

Review of Resident #6's records revealed a total two entries on at 9:30 PM and 9:45 PM written by the Assistant Administrator, related to the . There was no other documentation or evidence retaining to the resident's provided when requested. There was no documentation of the care of the forehead and , no evidence the physician was notified, no further information provided regarding an Emergency , and no further evidence the family was notified.

During the exit conference with the Administrator, Assistant Administrator and Business Manager, the findings acknowledged and confirmed.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review, and interview, the facility failed to ensure that all residents received their medications in a timely manner, and failed to ensure that all licensed staff that administer medications followed physician orders for 4 of 6 sampled Residents, (Resident #7, Resident #8, Resident #9, Resident #11).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963757	02/22/2018
NAME OF PROVIDER OR SUPPLIER **VICTORIA VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5151 S.W. 61 AVENUE** **DAVIE, FL 33314**	

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

The findings included:

1. While observing a medication pass with the nurse, for morning medications between the times of 10:00 AM and 11:30 AM, the following was observed:
a. Resident #7 received the following 8:00 AM medications at 10:20 AM: Periactin 4 mg tablet (tab), Take 1 tablet orally daily; 20 mg tab, Take 1 tab orally daily; and Florastor 250 mg cap, Take 1 cap orally daily.

b. Resident #9 received the following 8:00 AM medications at 10:28 AM: Therapeutic-M tablets, Take 1 tab orally daily; 500 MCG Tab, Take 1 tab orally daily; Vesicare 5 mg tab, Take 1 tab orally daily; 175 mcg tab, Take 1 tab orally daily; 500 MG tab, Take 1 orally twice a day; 10 MG tab, Take 1 tab orally twice a day; and 325 mg tab, Take 1 tab orally twice a day.

c. Resident #8 received the following 8:00 AM medications at 10:35 AM: 200 mg tab, Crush and take 1 tab orally daily; and. Periactin 4 mg tablets, Take 1 tab orally twice a day

d. Resident #11 received the following 8:00 AM medications at 10:43 AM: 112 MCG Tab, Take 1 tab orally daily; 150 MG Tab, Take 1 orally in the afternoon; 81 MG Tab, Take 1 tab orally daily; XR 28 MG Cap, Take 1 cap orally daily; and 100 mg capsule, Take 1 cap orally twice a day.

During an interview with Staff A on 10:30 AM, the nurse stated the only reason they are running late is because she is training a new nurse, and that on any other day, the medications would be finished.

During an interview with the facility owner and the administrator's Assistant on at 2:00 PM, the findings were discussed and acknowledged by both staff members. No further information was provided.

2. On , review of the Medication Observation Record (MOR) for Resident #8 revealed the following:
200 mg tablet, Crush and take 1 tablet orally daily; and Periactin 4 mg tablet, Take 1 tablet orally twice a day.

On at 10:35 AM, while observing a medication observation pass for Resident #8, the following was observed:
Staff A, the nurse, prepared the medication for Resident #8 by placing each pill / medication into a

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963757	02/22/2018
NAME OF PROVIDER OR SUPPLIER **VICTORIA VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5151 S.W. 61 AVENUE** **DAVIE, FL 33314**	

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

medication cup, poured a cup of water, then took the medication cup with the pills in it to the resident.

Staff A explained the medications to Resident #8, took a spoon and scooped the medications from cup into Resident #8's mouth. Resident #8 then spit out the first pill. The pill onto the floor. Staff A then spoon-fed the second pill to the Resident #8. Resident #8 spit out the second pill also. The second pill onto the resident's shirt. Staff A took the spoon and picked up both pills, put them both into the medication cup and gave Resident #8 the water to drink. Resident #8 took a few sips of the water, then Staff A went to document on the MOR that the Resident #8 spit out the medications. At no time during the medication process did Staff A crush the 200 mg tablet as ordered and documented on the MOR.

During an interview with the administrator's assistant and the owner on at 2:30 PM, it was discussed that on the MOR it states that one of the medications for Resident #8 is to be crushed, and that Staff A gave Resident #8 the medication not crushed during the medication pass. Both the administrator's assistant and the owner acknowledged the findings, and stated that they will speak with Staff A about crushing medications.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, it was determined the facility failed to ensure that each staff member had evidence of a negative examination documented on an annual basis, for 1 of 4 sampled staff records reviewed, Staff C.

The findings included:

During an employee / personnel record review of Staff C's file on , it was revealed there was no evidence of a current negative ( ) examination documented from a licensed healthcare provider. Review of the last status revealed it was completed on .

During an interview with the administrator, the assistant administrator, and the Human Resources (HR) personnel at 2:30 PM on , it was discussed that Staff C does not have a current statement. Both the Administrator, the Assistant Administrator and the HR personnel had no response. All three management staff was given the opportunity to locate the documentation, no further information was provided for review.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963757	**02/22/2018**
NAME OF PROVIDER OR SUPPLIER **VICTORIA VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5151 S.W. 61 AVENUE** **DAVIE, FL 33314**	

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

Class III