STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968299	**03/20/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA ESTRELLA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15580 SW 144 AVE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on , 2018. Villa Estrella Alf, Inc with limited mental health component, license #12203 had the following deficiencies identified at the time of the survey:

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the Assisted Living Facility failed to follow the correct procedures as outlined by the state, when assisting with self-administration of medications to one (#1) out of six sampled residents.

Findings included:

On at 8:11 AM, observed Staff B take one tablet at the time and placed in a small disposable cup. Staff placed the medications in Resident #1's mouth. Staff did not read loud medications' labels to the residents.

On at 8:11 AM Resident #1 stated, "You always put medicines in my hands and helped my hand to my mouth. Is this something new?"

On at 9:28 AM Staff B revealed was not a licensed staff. The staff was not a Licensed Practical Nurse nor a Registered Nurse.

Reconciliation of medications for Resident #1 showed 7:00 AM medications were: 500 mg tablet, 200 mg tablet, 20 mg tablet, 325 mg tablet, 10 mg tablet, 25 mg tab- take 1 half tablet (12.5 mg), 25 mg tablet, HBR 10 mg tablet. 8 AM medicines were: 100 mg tablet, 5 mg tablet, HBR 20 mg tablet and 0.5 mg tablet.

Review of Resident #1's Medication Observation Records showed that majority of medications were scheduled at 7:00 AM.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

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Based on observation and interview, the Assisted Living Facility failed to keep centrally stored medications in a locked up at all times.

Findings included:

On at 7:55 AM, observed the medication cabinet open in the kitchen. There was no staff in the surrounding area. The dining next to the kitchen; Residents #3 and #4 sat in the dining .

On at 8:01 AM Staff B stated, "I gave medications to everyone. I closed it (referring to the medication cabinet) when I finish."

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that one (Staff B) out of four sampled staff knew what a ( ) was.

Findings included:

Review of Staff B's employee file showed the staff was hired on . Staff B received training on .

On at 11:13 AM Staff B stated in reference to the meaning of , "It means that the person is ".

Class III

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

Based on observation, interview, and record review, the Assisted Living Facility failed to updated order on one out of six sampled residents' (#3).

Findings included:

On at 7:32 AM observed Resident #3 sitting in a wheelchair in # with nasal cannula in the nostrils. concentrator was on at 3 liters per minutes.

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VILLA ESTRELLA ALF INC	**15580 SW 144 AVE MIAMI, FL 33177**

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

Review of Resident #3's showed that there was a doctor order signed on . . . . . for . ,, . portable tank and . ,, . concentrated continuous at 2 liters nasal cannula.

On . . . . . at 12:00 PM the Administrator revealed that the resident had an order for . ,, . when was sick the previous year. The resident changed and just needed the ,, when felt short of breath. The administrator would take the resident to the doctor for evaluation about the . ,, .

Class III

N276 - LNS - Nursing Services - 58A-5.031(1) FAC

Based on observation, interview, and record review, the Assisted Living Facility failed to ensure that licensed staff administered medications to one out of six sampled residents (#3). The facility failed to have a Limited Nursing Services component added to the licensed prior to have an unlicensd staff member administered . ,, . to Resident #3.

Findings included:

On . . . . . at 7:32 AM observed Resident #3 sitting in a wheelchair in . . # with nasal cannula in the nostrils. . ,, . concentrator was on at 3 liters per minutes.

On at 7:34 AM Resident #3 revealed staff put the ,, for the resident.

On . . . at 7:35 AM Staff C stated, "I put it" (referring to the ,,).

On . . at 7:36 AM observed Staff C turned off the ,, concentrator and removed the nasal cannula from Resident #3.

Review of Resident #3's record showed that health assessment (AHCA form 1823) completed on . showed that the resident needed assistance with self-administration of medication.

On . . . at 12:36 PM Staff C revealed that was not a licensed practical nurse nor a registered nurse.

Review of Resident #3's showed that there was a doctor order signed on . for ,, portable tank and . ,, . concentrated continuous at 2 liters nasal cannula.

On . . . . . at 12:00 PM the Administrator revealed that the resident had an order for . ,, . when was

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SUMMARY STATEMENT OF DEFICIENCIES
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sick the previous year. The resident changed and just needed the [redacted] when felt short of breath. The administrator would take the resident to the doctor for evaluation about the [redacted].

Class III