STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964423	**04/25/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA MARIA PIA**	STREET ADDRESS, CITY, STATE, ZIP CODE **322 NW 43 PLACE** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , , 2018. Villa Maria Pia (License #9217) with Limited Nursing Services and Limited Mental Health components had a deficiency identified at the time of the survey:

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

Based on observation, record review, and interview the facility failed to have an accurate health assessment for one out of three sampled residents (Resident #3).

Findings included:

During tour of the facility on at 11:20 AM observed Resident #3 in bed asleep with full bed rails up. The Administrator stated that Resident #3 was under hospice services.

Review of Resident #3's record revealed was receiving hospice services with a diagnosis of 's since . Hospice care plan dated revealed she had an unstageable , on the right heel (6.0 cm x 4.0 cm), a on the sacrum (0.5 cm x 0.5 cm x 0.1 cm) and a on the left thigh (5.0 cm x 5.0 cm x 0.5 cm) and was receiving care daily. Resident #3 was dependent for 6 out of 6 activities of daily living (ADLs). The last health assessment was completed on and stated that the resident required assistance with ambulation and total assistance with the rest of her ADLs and medication administration and had no ,

On at 12:20 PM the Administrator stated Resident #3 required total assistance with her ADLs and had , . Resident #3's niece lives close to the facility and comes in the morning and in the evening to give her the medications. When she is not able to come to the facility, she contracted with a nurse to give her the medications. The Administrator stated she will let the doctor know that he needs to complete a new health assessment for Resident #3.

On at 12:24 PM the registered nurse from hospice stated during a phone interview that the , were healing. She stated that the , in the right heel continues to be unstageable but the tissue is already falling off and is starting to granulate . The , on the left thigh has no and has granulating tissue and the , on the sacrum is now almost a . Progress notes from the facility revealed that the wounds first appeared on .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964423	**04/25/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA MARIA PIA**	STREET ADDRESS, CITY, STATE, ZIP CODE **322 NW 43 PLACE** **MIAMI, FL 33126**	

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

Class III