| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966710** | **05/11/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**VILLA SERENA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**754-56 N W 22 CPURT**<br>**MIAMI, FL 33125** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey was conducted on . . . . . Villa Serena with Limited Nursing Services component (license #10863) had deficiencies identified at time of the survey:

**0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC**

Based on record review and interview, the facility failed to appoint in writing a manager for the facility.

Findings Include:

Review of facility finder showed the administrator supervised three assisted living facilities. Review facility's record showed the facility did not have a manager appointed. The background screening's employee roster did not have a manager listed.

Interview conducted on at 2:35 PM, Staff A confirmed the facility did not have manager.

Class III

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

Based on record review and interview, the facility failed to have the weight recorded semiannually for one out of eight residents who received assistance with the activities of daily living (Resident#1). The facility failed to have an accurate contract for one out of eight (Resident #2). The facility failed to ensure the medical examination completed as required for one out of eight (Resident #2) sampled residents.

Findings include:

Record review of Resident #1's health assessment dated showed that the resident needed assistance with toileting and transfer. Further review showed Resident #1 last weight recorded was on .

Record review revealed Resident #2 was admitted to the facility on . The resident's contract dated . . . . was for of $1950 monthly. The contract agreement adjustment dated . . . . . did not document the monthly rate. Resident's #2 health assessment dated did not have diet requirements documented.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| NAME OF PROVIDER OR SUPPLIER<br>**VILLA SERENA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**754-56 N W 22 CPURT**<br>**MIAMI, FL 33125** | |

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

Interview conducted on . . . at 2:35 PM, the Administrator revealed Resident #1 has not been weight since . . . . And Resident #2's contract agreement adjustment did not have the monthly rate and that his health assessment was incomplete.

Class III