STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968273	R **06/27/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA LINDA INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **670 W 72ND PL** **HIALEAH, FL 33014**	

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

0000 - Initial Comments

A Standard Biennial Revisit survey was conducted on 6/27/18. Villa Linda Inc, with Limited Mental Health component, license number 12258, had a deficiency found at the time of the survey.

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

Based on record review and interview, the facility failed to have an accurate health assessment for one of six sampled residents (#1).

Findings included:

Record review revealed Resident #1's health assessments (dated) did not reflect hospice care. It did not document Resident #1 needed administration of medications, and that he required total assistance to eat. In addition, Resident #1 was not receiving care.

Record review revealed that Resident #1's health assessment reflected care and needed self-administration of medication. Resident #1's medication observation log reflected hospice's nurse initialed since . In addition, hospice book did not have a care plan in file for Resident #1.

Interview on at 1:00 pm, Staff A acknowledged that Resident #1's health assessments did not reflected hospice care. In addition, Staff A stated Resident #1 was not receiving care anymore. He is under hospice care and they provide medication.

Class III