STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964439	R 06/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA MARIA LIVING SOLUTIONS CORP	**790 EAST 18 STREET HIALEAH, FL 33013**

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on . . . 27, 2018 and concluded on . . . 29, 2018. Villa Maria Living Solutions Corp with Limited Mental Health component had a deficiency identified at the time of the survey.

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

Based on observation, record review and interview, the facility failed to have updated notes for one of five sampled residents (#3). Moreover, facility failed to have Resident #3's action taken for his .

Findings included:

Observation on at 9:10 am revealed Resident #3 had on his right arm and around his right face eye.

Interview on . . . at 9:10 am Resident #3 stated, "I . . , I do not remember well, but I know that my eyes is not in pain, but my arm is in pain."

Interview on at 9:10 Staff B stated, "He on Saturday the 23th. The doctor saw him here."

Resident #3's progress notes from - did not have documentation regarding Resident #3's . . Record review revealed Resident #3's health assessment dated . . . documented a medical history of early . Resident had gait , and precautions. Resident #3 needed supervision on ambulation, , toileting and transferring."

Interview on . . . at 4:00 pm Staff A stated, "The , , . . . was visiting the facility's Residents and he assessed Resident #3. The doctor stated Resident #3 was doing well. However, I will send Resident #3 to the hospital for checkup, and I will send you results."

Uncorrected class III