

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969401	(X3) DATE SURVEY COMPLETED 07/13/2018
NAME OF PROVIDER OR SUPPLIER VILLA ALEGRE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 1840-42 NW 15 ST MIAMI, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Initial Licensure survey was conducted on and concluded on Villa Alegre Corp. with Limited Mental Health component had the following deficiencies found at the 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 a separate Manager, the Administrator supervised one more facility. Findings included: Review of the health finder database revealed the Administrator listed on the facility application supervised another facility. The Administrator's start date was On at 11:00 AM the Administrator stated that he was not aware that he had to have a manager appointed to this facility. The Administrator also failed to provide facility policies and procedures including limited mental health Class III 0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.019(1) FAC Based on record review and interview the Administrator failed provide evidence of training and education requirements. Findings included: Record review showed that the Administrator did not have proof of training or education requirements. On at 11:00 AM the Administrator stated that he had all this at the other facility and that he thought that he did not need the documentation in the new facility. Class III 0083 - Training - First Aid and - 58A-5.019(4) FAC		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969401	(X3) DATE SURVEY COMPLETED 07/13/2018
NAME OF PROVIDER OR SUPPLIER VILLA ALEGRE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 1840-42 NW 15 ST MIAMI, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Based on record review and interview the facility's personnel records did not include evidence that at least one staff member had First Aid and . . . training by an approved trainer. Findings included: Record review revealed the Administrator did not have proof of First Aid and . . . training at the facility . On at 11:00 AM during the interview the Administrator stated that he had taken this training but he did not have it with him at the time of the survey. Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC Based on record review and interview the facility failed to ensure that the Administrator had evidence of medication training prior to assisting residents with that task. Findings included: Record review revealed the Administrator did not have proof of medication training . On at 11:00 during an interview the Administrator stated that he did the initial and the continue training but he did not have them with him at the facility. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation and interview the facility failed to have a menu reviewed annually by a licensed dietician. Findings included: Record review found the facility did not have an approved menu reviewed by a licensed dietician. On at 9:20 AM the Administrator stated he did not have a menu because he thought that the facility did not need to have it yet because they did not have residents.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969401	(X3) DATE SURVEY COMPLETED 07/13/2018
NAME OF PROVIDER OR SUPPLIER VILLA ALEGRE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 1840-42 NW 15 ST MIAMI, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Class III 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on record review and interview the facility failed to provide requested employee records during the initial survey. Finding included: On at 8:30 AM at the time of the arrival, the administrator was in the facility. The record of the Administrator was requested to review. The facility did not have a record for the Administrator which included a completed employment application with references, training documentation, and an eligible level 2 background screening. On at 10:00 AM according to the administrator stated that all the his files were in the other facility that he administered and he did not have them there because he thought that he did not need to have them in the facility at the time of the initial survey. Based on record review and staff interview the facility failed to ensure that one out of one (Staff A) sampled staff member have a completed level 2 background screening prior to providing open the facility. Class III		