STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910926	R **09/11/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA ROSA I, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **182 WEST 9 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Complaint Survey (CCR# 2018007238) Revisit was conducted on [redacted] 10 and 11, 2018. Villa Rosa I, Inc. (License #5849) with Limited Mental Health and Limited Nursing Services component had an uncorrected deficiency identified at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview the facility failed to have an updated sanitation inspection reports issued by the county health department.

Findings included:

Record review revealed that the health department inspection posted in the bulletin board in the office was dated [redacted].

On [redacted] at 9:25 AM Staff B stated, "The health department is behind on the inspections."

On [redacted] at 10:25 AM the Administrator stated on the phone that every time she calls the health department she is transferred to the same person and that she has left her multiple voice mails and she has never returned any calls and that she will go in person to the health department.

Uncorrected Class III