STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910926	**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 Standard Biennial Survey was conducted on 10 and 11, 2018. Villa Rosa I, Inc. (License #5849) with Limited Mental Health and Limited Nursing Services component had deficiencies identified 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 in writing a manager for the facility.

Findings included:

Record review revealed Staff A was the Administrator of the facility and the administrator to another facility.

On at 8:35 AM Staff B stated that the Administrator had a manager for the other facility and that they thought that having a manager for the other facility was enough and that they did not need a manager for this facility.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on observation, record review and interview the facility failed to provide proof that three out of 18 sampled staff (D, I and J) received a minimum of one hour in-service training within 30 days of hire that covers along with other training: Resident behavior and needs and Providing assistance with the activities of daily living, Reporting adverse incidents, Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, Resident rights in an assisted living facility, Recognizing and reporting resident , neglect, and , .

Findings included:

Review of the personnel records revealed Staff D had been hired on , Staff I on and Staff J on did not have the following training: Resident behavior and needs and Providing assistance with the activities of daily living, Reporting adverse incidents, Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, Resident rights in an assisted living facility, Recognizing and reporting resident , neglect, and , .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910926	**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)

On at 1:30 PM Staff B stated that the training had been done but they had been probably misplaced at another of their facility by the person that was supposed to place them in the employee record.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on record review and interview the facility failed to provide evidence that unlicensed staff that assist residents with self-administration of medications had an initial training in assisting residents with self-administration of medications.

Findings included:

On at 11:30 AM Staff B stated that Staff E, L and R were the supervisors and the only staff that assisted residents with self-administration of medications.

Review of the personnel record of Staff E, L and R revealed that the three of them had taken a 2 hours of assistance with self-administration training on and did not have the initial training in their records.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on record review and interview the facility failed to provide a table or nightstand and a bedside lamp.

Findings included:

During tour of the facility on between 7:30 AM and 8:00 AM observed that the facility had 18 and only in # 1, # 6, # 11 and # 17 had one nightstand inside and all these had 2 beds.

On at 8:30 AM Staff B stated that they were still remodeling the facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910926	**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)

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview the facility with limited mental health component failed to ensure that staff obtain a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of hire for 5 out of 18 sampled staff (Staff D, F, G, K and P). The facility failed to provide evidence that two out of 18 sampled staff (Staff H and L) completed a minimum of 3 hours of continuing education in limited mental health biennially.

Findings included:

Review of the personnel records of the staff revealed that Staff D was hired on , Staff F on , Staff G on , Staff K on and Staff P on . Record review revealed Staff D, F, G, K and P did not have evidence of having completed the initial training in working with individuals with mental health diagnoses. Staff H completed 8 hours of initial training on and there was no 3 hours update. Revealed Staff L completed the last 3 hours update on .

On at 1:30 PM Staff B stated that the training had been done but they had been probably misplaced at another of their facility by the person that was supposed to place them in the employee record.

Class III