STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969112	**09/13/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA VI**	STREET ADDRESS, CITY, STATE, ZIP CODE **2120 NW 18TH TERR** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on , 2018 and concluded on 13th, 2018. Villa Serena VI, 2018 with Limited Mental Health component (License #12947) had the following deficiencies:

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that Medication Observation Records (MORs) included the resident's for one out of ten sampled (#4).

Findings included:

Review of Resident #4's MORs showed that the 's section was blank.

Review of Resident #4's record showed that the health assessment was completed on . The health assessment showed that the resident had to .

On at 2:18 PM, the Administrator stated, "It should say what she is to", when she referred to the Resident #4's MORs.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on interview and record review, the Assisted Living Facility failed to ensure that the manager had the same qualifications as the administrator which included a high school diploma or G.E.D.

Findings included:

Review of background screening database showed Staff B was the assistant administrator for the facility.

Review of Staff B's personnel record showed that there was no proof of high school diploma or G.E.D.

On at 11:05 AM, Staff B revealed that the high school diploma was at her house. She did not have access at that moment because she did not have the key.

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Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

Review of staffing pattern for , 2018, week 2 showed Staff B worked Monday thru Friday from 7 AM to 5 PM. Staff D worked from Wednesday thru Friday from 6 AM to 10 PM. Staff E worked Saturday from 6 AM to 10 PM. Staff G worked Tuesday from 6 AM to 10 PM and Saturday and Sunday from 7 AM to 5 PM. Staff F worked Monday, Tuesday, and Sunday from 6 AM to 10 PM.

On at 8:23 AM, the Administrator revealed Staff G quit previous Saturday. The Administrator usually did the schedule for the whole month but it was subject to change due to staff situation. She stated during the night the residents were not alone. When the shift ended at 10 PM, staff slept in the facility and woke up at 6 AM. Staff G did not come to work on Tuesday and Staff F covered that time.

Class III

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

Based on record review and interview, the Assisted Living Facility failed to ensure that the facility's Administrator provided a pre-service orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training for two out of eight sampled staff (Staff E and F).

Findings included:

Review of Staff E (hired on)'s personnel record showed that there was a pre-service orientation certificate. The facility's owner signed the certificate on . Staff E and the Administrator did not sign the certificate. It showed that covered to educate employees to provide responsible care and respect resident's rights. There was no proof in the record that the employee completed the pre-service orientation by a signed statement by the employee and the facility administrator.

Review of Staff F (hired)'s personnel record showed that there was a pre-service orientation

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certificate. The facility's owner signed the certificate on . . . . . Staff E and the administrator did not sign the certificate. It showed that covered to educate employees to provide responsible care and respect resident's rights. There was no proof in the record that the employee completed the pre-service orientation by a signed statement by the employee and the facility administrator.

On . . . . at 11:22 AM, the Administrator revealed that the facility informed the staff during the pre-service orientation about residents' right, talked about responsibilities, rules, regulations and what to do in case of emergency. The trainer walked the staff around the facility. At 12:08 PM, the Administrator revealed that Staff E did not complete the CORE training. At 12:14 PM, the Administrator revealed that Staff F did not complete the CORE training.

Class III

0083 - Training - First Aid and . - 58A-5.0191(5) FAC

Based on observation and record review, the Assisted Living Facility failed to ensure that a staff member who has completed courses in First Aid and . . . . , ... , ... (.) and holds a currently valid card documenting completion of such courses was at the facility at all times. The facility also failed to ensure that . certification was issued by an instructor or training provider that was approved to provide . training by the American Red Cross, the American . Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement.

Findings included:

On . at 7:03 AM, Staff B and D were on duty in the facility with a census of 11 residents. On . . . . at 7:33 AM, the administrator arrived.

Review of Staff G's First Aid and . training was dated . . . . . The facility's owner completed the training for all of the staff members at this facility. Review of the owner's basic life support (BLS) instructor card showed that it expired on . . . . . The facility did not provide any documentation that the owner was certified to complete the training on . . . . .

On at 4:04 PM, the company who provided the instructor the card revealed she was not an active instructor. The owner re-applied the day before. They did know if they were or not accredited by the Commission on Accreditation for Pre-Hospital Continuing Education.

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Review of Administrator's personnel record showed the First Aid and training was completed on . Staff B's personnel record showed the First Aid and training was completed on . Review of Staff C's personnel record showed the First Aid and training was completed on . Staff D's personnel record showed the First Aid and training was completed on 11/ .

Class III

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

Based on record review and interview, the Assisted Living Facility failed to ensure that unlicensed staff complete an additional 2 hours of assistance with the self-administration of medication and medication management for one out of four sampled staff after the rule update (Staff F).

Findings included:

Review of Staff F's personnel record showed a hire date of . The 4 hours medication training was on . There was no evidence of 2 extra hours of continuing education training on providing assistance with self-administered medications and safe medication practices.

On at 12:21 PM, the Administrator revealed Staff F assisted residents with self-administration of medications.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and interview, the Assisted Living Facility failed to follow the menu for breakfast.

Findings included:

Review of the menu showed that on the breakfast was assorted juices (4 oz.), dry cereal (3/4 cup) or hot cereal (1/2 cup), toast (1 slice), margarine/jelly (1 t), scrambled egg (1), milk (8 oz.) and coffee (8 oz.). The facility substituted the scrambled egg by the boiled egg. Juice showed as available.

On at 7:23 AM, Staff B served breakfast. The breakfast was hot cereal, toast with margarine, boiled egg, milk and coffee. None juices were offered or available at the facility.

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On at 8:57 AM, Staff B revealed that she left the juice prepared the night before but she did not check for it in the morning. There was no juice available in the morning.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the Assisted Living Facility failed to include the reason for discharge for one out of ten sampled residents (#7,#8, and #9). The facility also failed to have identification of the facility to which the resident was discharged documented on the log for one out of ten sampled residents (#8).

Findings included:

A review of the admission and discharge log showed Resident #7's admission date was and discharge date was on . There was no documentation of the reason for discharge.

A review of the admission and discharge log showed Resident #8's admission date was and discharge date was on . There was no documentation of the reason for discharge or to where was discharged.

A review of the admission and discharge log showed Resident #9's admission date was and discharge date was on . There was no documentation of the reason for discharge .

On at 12:54 PM, the Administrator revealed Resident #7 refused to remain in the ALF. At 12:55 PM, Resident #8 was discharged for misconduct, the administrator could find out to where the resident was discharged to. Resident #9 needed higher level of care and went a nursing home. The Administrator was not the Administrator at that time but she recalled that his girlfriend came to see him and he wanted to be at home. Resident #8 went to another facility.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the Assisted Living Facility failed to have the background screening eligibility results for one out of eight sampled staff (H). The facility failed to ensure that the employment application had references furnished for one out of eight sampled staff (E).

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Findings included:

1. Review of Staff H's record showed that the hire date was . . . . . The background screening results printed at the facility stated awaiting privacy policy.

Review of the background screening database showed Staff H's status as eligible on . . . . . .

On . . . . . at 12:42 PM, the Administrator revealed Staff H provided maintenance to the facility. Staff H had access to residents' areas like . He went in residents' to fix what is needed with previous authorization.

2. Review of Staff E's personnel record showed that the references section in the job application was blank.

On at 12:08 PM, the Administrator revealed that the staff wrote the references in the emergency contact.

Class III

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

Based on record review and interview, the Assisted Living Facility failed to ensure that the guardian for one out of ten sampled residents (#1) completed and signed the admission forms.

Findings included:

Review of Resident #1's record showed that the case manager from the guardianship program signed and stamped some of the admission documents from the facility.

Review of Resident #1's record showed that the resident signed and the following documents: informed consent for assistance with self-administration of medication by unlicensed staff, authorization of refusal of therapeutic diet and facility rules and regulations.

On at 1:10 PM, the Administrator revealed Resident #1 was under guardianship program and they took to long to sign the paperwork for Resident #1.

Class III

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0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and observation, the Assisted Living Facility failed to maintain . . . . monoxide alarm.

Findings included:

On . . . . . at 7:48 AM, the Administrator stated in reference to the . . . . monoxide alarm, "we do have it but no install". On further interview at 11:00 AM, the Administrator revealed that the facility had two new . . . . monoxide alarms but the facility did not install the alarms; they were still in the boxes.

On . . . . . at 11 AM, observed two new . . . . monoxide alarms in boxes. The new . . . . monoxide alarms were stored with generator in a secure building/shed separated at from the facility's building but in the same property.

Class III

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the Assisted Living Facility failed to have the signed attestation of compliance with background screening requirements in the employee's personnel file for one out of eight sampled staff (F).

Findings included:

Review of Staffing pattern for [redacted] 2018. Staff F worked Monday, Tuesday, and Sunday from 6 AM to 10 PM.

On [redacted] at 8:23 AM, the Administrator revealed that Staff G did not come to work on Tuesday and Staff F covered that time.

Review of Staff F's personnel file revealed a hire date of [redacted]. There was no evidence of the signed attestation of compliance with background screening requirements.

On [redacted] at 12:25 PM, the Administrator stated, "I don't have it because I haven't finished with her record yet."

Class III