STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966710	**09/13/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA**	STREET ADDRESS, CITY, STATE, ZIP CODE **754-56 N W 22 CPURT** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A capacity increase survey was conducted on , 2018. Villa Serena with limited nursing services component license number 10868 had the following deficiencies identified at the time of survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interview, the facility failed to offer privacy for 1 of 8 sampled residents who used a portable urinal in the (#1).

Findings included:

On , 2018, observed in a shared , two male portable urinal with covers on top of Resident 1's bed side table. One of the containers was 1/4 full and no partitions for privacy were observed.

On , 2018 at 10:45 AM, Resident 1 stated, "I use it all the time, I just did it and they need to pick it up."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview the facility failed to provide proof of fuel supply for 48 hours. The facility failed to install and test the required monoxide alarm at the facility.

Findings included:

On , , 2018 at 1:05 PM, observed outside the property inside a shed, a new generator inside the original box, two new boxes with full tall containers of propane gas, one portable air conditioner, three portable beds, and empty fuel tanks. Inside the facility, the Administrator provided two monoxide alarms inside their original boxes.

On , 2018 at 1:05 PM, the Administrator stated, "The company were we purchased the propane told us that those tanks were enough for the amount of hours that we needed."

Class III

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