STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912024	R **09/18/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA I**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 SW 22 TERRACE** **MIAMI, FL 33145**	

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

0000 - Initial Comments

A Complaint Survey (CCR #2018006114) Second Revisit was conducted on [redacted] 18, 2018. Villa Serena I (license #8022) with limited mental health and limited nursing services components had an uncorrected deficiency found at the time of the survey:

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to file an adverse incident report with the Agency within one business day and a 15 day full report for one out of fourteen (Resident #1) sampled residents who alleged an incident between her and a staff member.

Findings included:

Review of the Agency incident report database revealed the facility had not file the incident report after Resident #1 called law enforcement to investigation an allegation that staff hit her.

On at 10:45 AM the Administrator stated on the phone that she did her investigation and that she had determined that what happened with Resident # 1 was not an adverse report and that the police could not determine if it had really happened at the assisted living facility.

Uncorrected Class III