STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967799	**11/02/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA LA ESPERANZA II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6021 WEST PARIS STREET** **TAMPA, FL 33634**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018015639) was conducted at Villa La Esperanza II LLC on 11/2/18 in conjunction with a revisit to complaint CCR 2018011459. Villa La Esperanza II LLC had deficiencies at the time of the investigation.

(License #11788)

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

Based on record review and interview, the facility failed to maintain the minimum required direct care staffing hours.

Findings included:

Record review on of the staffing schedule for the week of 11/02/18 revealed that the facility had 168 direct care staffing hours scheduled for the week for six residents. The requirement for six residents is 212 hours.

An interview conducted on at 2:00pm with the Administrator revealed that the facility was lacking staff and is looking for another employee. The administrator acknowledged and confirmed the facility did not have the minimum required weekly direct care staffing hours.

Class III

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

Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log that accurately listed dates of admission and dates of discharge.

Findings included:

A review of the facility's admission and discharge log conducted on showed that Resident #1 was admitted to the facility on . A list of current residents provided by the Administrator did not include Resident #1.

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

The Administrator was interviewed at 1:53 PM on [redacted] concerning the review of the admission and discharge log and Resident #1's residency. The Administrator stated that Resident #1 never stayed in the facility on [redacted] and a family member took them out to a different facility. The Administrator acknowledged that the admission and discharge log was inaccurate.

Class III