STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912024	**12/13/2018**
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 Standard Biennial Survey was conducted on [redacted], [redacted]. Villa Serena I (License #8022) with limited mental health and limited nursing services components had deficiencies identified at the time of the survey:

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on observation, record review and interview the facility failed to provide evidence that staff responsible for the facility's food service and the day-to-day supervision of food service obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility for one out of four sampled staff (B).

Findings included:

On [redacted] at 12:05 PM observed Staff B serving lunch to the residents.

Review of the personnel record revealed Staff B was hired on [redacted]. Record review revealed there was a nutrition and food service certificate dated [redacted] that did not have the registered dietitian's seal proving the training was completed.

On [redacted] at 2:20 PM the Administrator stated, "We do not have it."

Class III

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

Based on record review and interview the facility failed to ensure that staff who have direct contact with mental health residents in a licensed limited mental health facility, receive a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of hired for one out of four sampled staff (B).

Findings included:

Review of the personnel record revealed Staff B was hired on [redacted]. Record review revealed staff did not have the initial limited mental health training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912024	**12/13/2018**
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)

On at 2:15 PM the Administrator stated, "She had an in but was canceled."

Class III