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 Limited Nursing Services Monitoring Survey was conducted on . . . . . Villa Serena I (License # 8022) with limited mental health and limited nursing services components had deficiencies identified at the time of the survey:

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC 429.255(1)(b). FS

Based on record review and interview the facility failed to keep a copy a the home health order and the documentation from the home health agency providing the services for one out of nine sampled residents (# 3).

Findings included:

Review of the record of Resident #3 revealed was receiving home health services for administration of 20 units three times a day and 25 units twice a day. Revealed there was no documentation from the home health agency in the facility and no health care provider prescription.

On at 10:30 AM the Administrator stated, "She recently changed insurance and we are having a hard time to obtain her new prescription."

On at 12:10 PM the Assistant Administrator stated, "I located the nurse. I am going to get her folder." Assistant returned with the home health folder at 1:10 PM.

On at 1:15 PM Administrator stated, "I do not know why the nurse did not leave the folder."

On at 3:01 PM an order was faxed from to the facility dated .

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure that the nurse to provide limited nursing services had a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days of employment.

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

Findings included:

Record review of the nurse to provide limited nursing services revealed she had the results of a done on and was negative. Record review revealed there was no communicable statement from a health care provider. Record review revealed the nurse signed the contract with the facility on .

On at 10:25 AM the Administrator stated, "That is what I have."

On at 11:26 AM the nurse by the facility stated she did not know she needed a new want because she thought the was good for 5 years.

Class III