

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965579	(X3) DATE SURVEY COMPLETED 01/17/2019
NAME OF PROVIDER OR SUPPLIER VILLA ESMERALDA ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 10310 NW 30 COURT MIAMI, FL 33147	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint (CCR# 2018016872) Survey was conducted on _____ and concluded on _____. Villa Esmeralda ALF with limited mental health component had deficiencies identified at time of the survey. 0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC Based on observation, record review, and interview, the facility failed to have a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention to one of six (6) sampled residents. Findings included: Observation on _____ at 8:30 am revealed Resident #6 had her clothes and possessions in _____ # _____ but she was not in the facility at the time of the survey. Interview on _____ at 9:00 am Staff B revealed Resident #6 went out with her daughter for the holiday (_____ at 2:00 pm), came _____ from her family house (8:00 pm), and she did not follow her diet. She was eating yucca and pork. On _____, Resident #6's _____ felt _____, and she was not able to communicate well, _____ high (375), and they called the doctor and the ambulance. Interview on _____ at 11:00 am Staff A stated Resident #6 went to the hospital at 12:00 pm by ambulance. Record review revealed the facility did not have any documentation that Resident #6 went to the hospital. Class III 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 have home health documentation for one of six (6) sampled residents. Finding included: Record review revealed Resident #6's home health record for _____ administration from _____ -		

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... was not present. Interview on ... at 11:28 am Staff A confirmed Resident #6 did not have written information on her observation log or progress notes from ... Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation, record review, and interview, the facility failed to follow their Emergency Power Plan (EPP). Finding included: Observation on ... at 12:00 pm revealed the facility did not have gasoline for the generator. The facility had three gallons and two were empty. Review of the facility's EPP stated, "Facility will store 10 gallons gas. The addition fuel required will be purchase within the first 24 hours when local official declare a State of Emergency." However, the requirement for a licensed capacity of 16 or less shall store at least 48 hours at fuel onsite. Interview on ... at 1:00 pm Staff A stated, "We have ten gallons of gasoline right now, I used some of the gasoline for my car to prevent the gasoline of decompose." Class III		