STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967799	R **01/28/2019**
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 revisit to an complaint (CCR 2018015639) was conducted at Villa La Esperanza II LLC on in conjunction with a second revisit to a complaint (CCR 2018011459). Villa La Esperanza had a deficiency at the time of the visit.

(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 for a census of six residents.

Findings included:

A review of the facility's direct care schedule conducted on showed that the facility was scheduled for 208 hours for the weeks of and (photographic evidence obtained). The facility was required to schedule a minimum of 212 hours for their census of 6 residents.

The Administrator was interviewed at 10:35 AM on concerning their schedule and they acknowledged and confirmed that the facility did not maintain the minimum required direct care staffing hours.

Class III