STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967677	**01/23/2019**
NAME OF PROVIDER OR SUPPLIER **VILLA SERENA V**	STREET ADDRESS, CITY, STATE, ZIP CODE **2750 N W 6 STREET** **MIAMI, FL 33125**	

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 V with limited nursing services component had the following deficiency identified at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation, interview, and record review, the Assisted Living Facility failed to have in record a resident or resident's representative consent to the use of half-bed rail for one out of one sampled residents (#1).

Findings included:

On at 10:51 AM observed Resident #1's bed with a half-bed rail attached.

On at 10:51 AM, Staff B revealed the resident used the bed rail up while in bed and the staff had to put the bed rail down for the resident.

Review of Resident #1's record showed there was a doctor order for the use of bed rail and signed on . There was no resident or resident's representative consent to the use of half-bed rail in record on .

On at 11:46 AM, the administrator revealed that for some reason she did not find the consent to the use of bed rail for the resident.

Class III