STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966238	R 03/28/2019
NAME OF PROVIDER OR SUPPLIER **JUAN PABLO II ALF, CORP.**	STREET ADDRESS, CITY, STATE, ZIP CODE **15680 SW 139 AVENUE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A complaint (CCR# 2018013533) second revisit survey was conducted on and concluded on . Juan Pablo II ALF, Corp. had the following deficiencies identified at the time of survey:

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation, record review, and interview, the facility failed to ensure that one of five residents admitted to the facility did not require total assistance with activities of daily living.

Findings included:

Observations during the tour on at 8:45 AM found Resident #8 in his room, sitting on a chair.

Record review revealed Resident #8 was admitted on . Resident #8's health assessment dated revealed the he required total assistance with ambulation, eating, grooming, toileting, and transferring.

On at 9:55 AM, the Administrator stated Resident #8 walked with assistance. He was only there at the facility for 10 days.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to have written information regarding precaution/ interventions for two of five sampled residents (Residents #3 and #8).

Findings included:

Record review found Resident #3's health assessment dated documented the resident required precautions. Record review revealed Resident #3 had a history were she was transferred to the hospital.

Record review found Resident #8's health assessment dated documented the resident required precautions/ . Resident was admitted on .

Facility record review found the facility did not have any precaution interventions in place for both residents. The facility did not have a assessment or interventions in place for Resident #8.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966238	R 03/28/2019
NAME OF PROVIDER OR SUPPLIER **JUAN PABLO II ALF, CORP.**	STREET ADDRESS, CITY, STATE, ZIP CODE **15680 SW 139 AVENUE** **MIAMI, FL 33177**	

SUMMARY STATEMENT OF DEFICIENCIES
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On at 9:55 AM the Administrator reviewed the health assessments for both residents and confirmed the precautions noted. She reported she thought she had precaution interventions documented in the facility policies and procedures but did not. She stated she would have her consultant update the file. She also stated the facility did not have a assessment or any interventions in place for Resident #8.

Uncorrected Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to submit the required adverse incident report within one business day after an incident and a complete report within 15 days of the incident for one of five sampled residents (Resident #3).

Findings included:

During a second revisit survey record review found Resident #3 on and was transferred to the hospital. The facility documented that the hospital found in Resident #3's arm and that surgery was performed.

On at 10:03 AM the Administrator reported she had not received any notification from the Agency and that she would contact her consultant.

Review of the incident reporting system found on the facility submitted the report to the Agency. On , the facility was notified that more information was needed. On , "The Agency administratively closed the report because requested information was not received from the provider."

Uncorrected Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911011	R 03/11/2019
NAME OF PROVIDER OR SUPPLIER **VILLA ROSA II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1760 EAST 1 AVENUE** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on . Villa Rosa II with Limited Mental Health component had deficiencies at time of the survey:

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

Based on record review and interview, the facility failed to have an annual ( ) exam for two of six staff sampled (B and C).

Findings included:

Record review revealed Staff B hired had a negative exam issued . Further review revealed Staff C hired had a negative exam issued .

Interview on at 10:30 am Staff A stated, "I do not notice, but they need an update exam."

Uncorrected Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on observation, record review, and interview, the facility failed to ensure one of six sampled staff (B) received the three hours update on Limited Mental Health training. The facility failed to ensure one of six sampled staff (C) received the required initial Limited Mental Health training (LMH) within six mouths of employment.

Findings included:

Record review revealed the facility held a standard license with the LMH component.

Record review revealed Staff B (hired) have the initial LMH training dated , and three hours update dated on file.

Record review revealed Staff C (hired) did not have the initial LMH training on file.

Observation on at 1:00 pm found Staff A searching through staff files; however, he could not find their LMH training. Interview on at 1:30 pm, Staff A acknowledged that Staffing B and C did not have their files complete.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911011	R **03/11/2019**
NAME OF PROVIDER OR SUPPLIER **VILLA ROSA II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1760 EAST 1 AVENUE** **HIALEAH, FL 33010**	

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

Class III