STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965579	R 03/18/2019
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) Revisit Survey was conducted on 3/18/19. 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 did not have written documentation regarding one of six resident sampled (#2) reason for discharge.

Findings included:

Interview on at 9:30 am Staff B revealed Resident #2 was not living in the facility anymore.

Interview on at 9:40 am Staff A stated Resident #2 stopped eating because she wanted to move to another facility, and she did not eat for two days.

Record review revealed the facility did not have discharge information for Resident #2. There was no written documentation that Resident #2 stopped eating at the facility for at least two days.

Uncorrected Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to have an accurate health assessment for one of six residents sampled (#7). The facility failed to have a signed consent to use a full bed rail for one of six sampled residents (#7).

Findings included:

Observation on at 9:00 am revealed Resident #7 was bedridden. Further observation revealed full side bed rails.

Interview on at 9:10 am Staff B stated, "She cannot walk."

Record review revealed that the facility admitted Resident #7 to hospice services on . Resident #7's health assessment dated .

Interview on at 9:30 am Staff A stated, "Resident #7 moved to this facility walking, she rapidly

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965579	R 03/18/2019
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)

change her health condition and stopped walking.

Interview on at 9:30 am, Staff A acknowledged Resident #7 needed a update health assessment.

Record review revealed that the facility did not have a signed consent to use full bed rails.

Interview on at 9:30 am Staff A stated, "I did not realize that Resident #7 was missing the consent to use a full bed rail."

Class III