STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964423	R 04/08/2019
NAME OF PROVIDER OR SUPPLIER **VILLA MARIA PIA**	STREET ADDRESS, CITY, STATE, ZIP CODE **322 NW 43 PLACE** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Villa Maria Pia on , , . Deficiencies were identified at the time of the survey.

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

Based on observation, record review and interview the facility failed to have an updated health assessment for one out of 12 sampled residents (#10) who had a and , .

Findings included:

Review of Resident #10's record revealed the resident was admitted to hospice services on . Care plan dated stated she had a , on and an on right with care daily and a suspected , on left heel with care every other days and as needed. The health assessment had been completed on and stated that she required supervision for eating and total assistance with ambulation, transferring, toileting, bathing, and grooming. Did not reflect that she had , .

On Resident # 10 was observed in her wheelchair moving around the facility during the survey.

On at 10:52 AM the Administrator stated that the resident is able to assist with transfer. Also stated that it was true that it did not say that the resident had , .

Uncorrected Class III