STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911382	06/05/2019
NAME OF PROVIDER OR SUPPLIER **VILLA ONI, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3030 SW 95 COURT** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Generator Monitoring survey was conducted at Villa Oni, Inc. on and concluded on . The facility had deficiencies at the time of the survey.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to provide documentation of a satisfactory annual sanitation inspection.

Findings Included:

Review of the facility's record on showed that its annual sanitation report was dated , and expired on .

In an interview on at 1:31 PM, the Assistant Administrator agreed with the findings and said "okay."

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on observations, record review, and interview, the facility failed to have an Administrator capable of handling the operation and maintenance of the facility, including the management of the staff and the residents. The Administrator failed to ensure that staff providing care to residents had an eligible level 2 background screening and the required training prior to preparing food and assisting with medications. The Administrator failed to ensure that significant changes in resident conditions were documented and medical records were available at the facility.

Findings included:

On at 9:34 AM during a tour of the facility, observed six residents at the facility. Three residents were receiving hospice service Resident # #3. Resident #3, was observed sleeping in a hospital bed with half side rails with in place. Also, observed Staff A in the bathroom by the TV room with Resident #6.

A review of staff records showed that the facility did not have a file and an eligible level two background

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screening or required training for Staff A.

In an interview on at 9:50 AM, the Administrator/Owner stated "Staff A comes here to help Resident #6. She was taking care of her before she moved here, so she continues to come here to help her out."

In an interview on at 10:21 AM, the Assistant Administrator stated "Staff A comes to visit her friend Resident #6 twice a week, she does not work here."

In an interview on at 10:33 AM, Staff A stated "I come here twice a week to clean. I don't work here. It has been a year. I come twice a week then I leave. I was looking for a spray that was in the bathroom. That is why I was there. I know all the residents' names."

Further review of the facility's personnel files on showed that the Administrator and Staff D each had only a 4 hours medication training certificate issued on . In an interview on at 11:24 PM, the Assistant Administrator stated "the Administrator is here 24/7. She is the one giving the medications as well as Staff D."

Review of the medication log on , showed that Resident #1's MOR (Medication Observation Record) was handwritten. The routes and dosage for the medications were not on the sheet.

On at 10:49 AM, observed Staff D preparing lunch for the residents and at 11:46 AM observed Staff D serving lunch to Resident #4 and #5 at the dining room table. Review of the facility's personnel files on showed that the facility had a 2 hours Nutrition & food service and a 1 hour food handling practices issued on which expired on .

Review of the resident's files on revealed the following:

Resident #1 was admitted to hospice on . Further review showed that the facility did not have documentation for services provided by a third party provider who provided home health services to Resident #1. Resident #1 did not have a hospice certification in file. Additional review showed that Resident #1's health assessment dated showed medical history and diagnoses were: , type II, , and she needed precautions and total assistance for ambulation, bathing, , grooming, toileting and transferring. The resident's contract was signed and dated did not have the monthly fee to be paid by the resident.

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Resident #2's health assessment dated listed her medical history and diagnoses as , and . She needed total assistance with all Activities of Daily Living (ADL). She was disoriented and needed precautions. She needed Medication administration. Resident #2 was admitted to hospice on .

Resident #3 was admitted to hospice on . Her health assessment dated showed that her diagnoses and medical history were: and . She was bed bound and needed total care and assistance for all activities of daily living. She needed precautions and medication administration.

Resident #4 health assessment dated showed that her medical history and diagnoses were: , and declining. She was disoriented, on precautions and needed assistance with all ADL. Whether or not she needed help with taking medication and type of help she needed was not selected. Further review of Resident #4 records showed last two recorded were - and . There was no recorded for year 2018 and 2019. The facility did not have any progress notes in file for Resident #4. The resident's contract was signed by a third party but the facility did not a POA (Power of Attorney) on file for her.

Resident #5's health assessment was not dated. Her medical history and diagnoses were: , and . Resident #5 was on precautions and needed supervision with ambulation, eating, toileting, and transferring; needed assistance with bathing, and grooming. Whether or not her needs could be met in an Assisted Living Facility was not chosen. Additional comments stated "hospice care" but she was not receiving hospice services. Whether or not she needed help with taking medication and type of help needed were not selected. Last observation log dated was dated . There was no progress notes. The last two recorded for Resident #5 were: - , and - , . There was no record for year 2019.

Resident #6's health assessment was not dated. Her medical history and diagnoses were: , and . She needed precautions and supervision with grooming; needed assistance with ambulation, bathing, , eating, toileting, and transferring. Whether or not her needs could be met in an ALF was not chosen. Whether or not she needed help with taking medication and type of help needed were not chosen. The last two recorded by the facility were: - , and - , . The facility did not record Resident #6's for years 2018 and 2019. The facility did not have any progress notes on file for the resident.

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Class II

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) and a detailed plan ("plan") to serve as a supplement to its CEMP, to address emergency environmental control in the event of the loss of primary electrical power. The facility also failed to have a sufficient alternate power source such as a generator (s) and fuel to ensure that it equipped to maintain air temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The facility failed to develop and implement written policies and procedures to ensure that it can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source.

Findings included:

1) During the facility tour on at 9:34 AM, the facility did not have a generator, fuel, or monoxide detector.

In an interview on at 9:50 AM, the Administrator/Owner said "I have two generators, but they are at my family member's house. They cannot be in the patio because they are going to break. The gasoline is at my family member's house too. Everything is at my family member's house. I am old I don't know where the paper is. The Assistant Administrator is coming to give you the paper."

Review of the facility's records on showed no documentation of a CEMP, an Emergency Power Plan (EPP) and an approval EPP letter from the County.

In an interview on at 10:29 AM, the Assistant Administrator stated "I haven't updated the CEMP and the EPP yet. I have the paper at my house. I am working on it to submit it to the county."

In an interview on at 10:37 AM in response to the question about the facility's plan in case of emergency. The Assistant Administrator stated "We are not in an evacuation zone. My husband will bring the generator. We will call the pharmacy. We will call the family member if they want to come get their family member they are welcome."

Interview on at 8:40 AM, the Emergency Management Coordinator revealed the facility did not submit an emergency power plan to the county. The last time the facility submitted a CEMP was over

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two years ago close to three years.

2) During the facility tour on at 9:34 AM, observed only daily food in the kitchen cabinet.

In an interview on at 1:15 PM the Assistant Administrator stated "the emergency food and daily food are together. We keep rotating it. We use it and we replace it."

Unclassified

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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, record review, and interview, the facility failed to have an eligible level II background screening for one out of five sampled who provided direct care and services to the residents (Staff A).

Findings Included:

On [redacted] observed Staff A in a bathroom with Resident #6.

Review of the facility personnel files on [redacted] revealed that the facility did not have an eligible level two background screening for Staff A on file.

In an interview on [redacted] at 9:50 AM, the Administrator/Owner stated "Staff A comes here to help Resident #6. She was taking care of her before she moved here, so she continues to come here to help her out."

In an interview on [redacted] at 10:21 AM, the Assistant Administrator stated "Staff A comes to visit her friend Resident #6 twice a week, she does not work here."

In an interview on [redacted] at 10:33 AM, Staff A stated "I come here twice a week to clean. I don't work here. It has been a year. I come twice a week then I leave. I was looking for a spray that was in the bathroom. That is why I was there. I know all the residents' names."

Unclassified