

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911401	(X3) DATE SURVEY COMPLETED 05/21/2019
NAME OF PROVIDER OR SUPPLIER VILLA SERENA VII	STREET ADDRESS, CITY, STATE, ZIP CODE 3319 SW 24 TERRACE MIAMI, FL 33145	

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

0000 - Initial Comments

A biennial survey was conducted at Santa Barbara Home I on Deficiencies were identified at the time of the survey.

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

Based on record review and interview, the facility failed to maintain a written record, updated as needed, of any significant changes and notify the healthcare provider and emergency contact person for one out of nine (Resident #1) sampled residents.

Findings included:

Review of Resident #1's record document she was admitted to the facility on Health Assessment dated indicated she was diagnosed with by the physician. Hospitalization log review showed Resident #1 was hospitalized from to

Interview conducted on at 11:45 AM, Staff B stated that Resident #1 tripped and on outside the facility. I call Miami Dade Fire Rescue and she was transferred to the hospital. She returned on

Resident #1's record did not have documentation that her primary physician and family members were notified.

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 out of nine (Resident #1) sampled residents.

Findings included:

Observation on at 12:05 PM showed Resident #1 was eating regular diet.

A review of Resident #1's health assessment dated showed the physician ordered puree diet.

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Interview conducted on at 1:55 PM, Staff F stated she would contact Resident's #1 physician to obtain a new health assessment. Class III L241 - LMH - Records - 429.075() ; 58A-5.029(2) FAC Based on record review and interview, the facility failed to identify the mental health residents in the admission and discharged log for one out of eleven (Resident #8) sampled residents. Findings included: Admission and discharged log review showed that the facility did not identify any resident as limited mental health resident. Resident's #8 health assessment review indicated he was diagnosed with Type The record had documentation of a agreement done on The resident receive \$54.00 monthly payment from Interview conducted on at 10:50 AM, Staff F stated that Resident #8 was a limited mental health resident. Class III		

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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3) Based on record review and interview, the facility failed to ensure one out of six (Staff D) sampled staff obtained a new background screening after a 90 - day break in service. Findings included: A review of Staff D's employee record showed a hire date was and there was no documentation of a new screening completed when Staff D was hired. A review of the background screening database showed Staff D's last employment began on and ended on On at 1:58 PM, Staff F acknowledged and explained that she will contact her consultant to do a new screening. Unclassified		