

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/17/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966247	(X3) DATE SURVEY COMPLETED 09/30/2013
NAME OF PROVIDER OR SUPPLIER Villa Josefa	STREET ADDRESS, CITY, STATE, ZIP CODE 16139 Sw 68 Terrace Miami, FL 33193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0074 - 58a-5.019(3)(b) - Staffing Standards - Personnel File (bgs) S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on [redacted] at Villa Josefa had deficiencies at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, interview and record review the Assisted Living Facility failed to have resident or resident's representative consent for the use of half-bed rail prior to use it for two out of two sampled residents (#1 and #2).

Findings include:

1. Observation during tour of the facility on [redacted] at 8:42 a.m. revealed that residents #1 and #2 have attached to their beds a half-bed rail.
2. Caregiver _A revealed on [redacted] at 8:50 a.m. that residents #1 and #2 use half-bed rail up while on bed.
3. Record review of resident #1's file revealed that consent for the use of half-bed rail was not dated either signed by resident #1 or his representative.
Record review of resident #2's file revealed that consent for the use of half-bed rail was not dated either signed by resident #2 or his representative.

Class III

0074-Staffing Standards - Personnel File (BGS) 58A-5.019(3)(b)

Based on record review and interview the Assisted Living Facility failed to maintain the results of employee screening conducted by the agency in the employee's personnel file for one out of two sampled employee (RN_A).

Findings include:

1. Record review of RN_A's personnel file revealed that last employee screening result maintain in personnel file was done on [redacted] while agency background screening result unit website indicated that RN_A last background screening was on [redacted].
2. Administrator acknowledged findings on [redacted] at 10:10 a.m.

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Class III

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

Based on record review and interview the Assisted Living Facility failed to have documentation on annual basis that staff is freedom from _____ for one out of two sampled employee (RN_A).

Findings include:

1. Record review of RN_A's personnel file revealed that last doctor documentation of freedom from _____ was on _____.
2. Administrator acknowledged findings on _____ at 10:10 a.m.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview the Assisted Living Facility failed to maintain documentation of the qualifications of the nurse providing limited nursing services in the facility's personnel files.

Findings Include:

1. Record review of RN_A's personnel file revealed that registered nurse license expired on _____.
2. Administrator acknowledged findings on _____ at 10:10 a.m.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Villa Josefa
16139 Sw 68 Terrace
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
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