STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968097	12/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
River Villas Alf, Inc	560 Nw 1 Street Miami, FL 33128	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint Survey (CCR # 2013013073 and CCR # 2013012599) were conducted on , 2013. River Villas ALF had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview the facility failed to contact the health care provider for 1 out of 5 residents (Resident #5) that refused his medications for six consecutives days.

The findings include:

Medication Observation Record (MOR) review revealed that Resident #5- was ordered 20 mg (take one tablet two times daily) 8:00 a.m.-8:00 p.m. The MOR was marked with an H on at 8:00 p.m., at 8:00 a.m. and 8:00 p.m., at 8:00 a.m. and 8:00 p.m., at 8:00 a.m. and 8:00 p.m., at 8:00 a.m. and 8:00 p.m., and at 8:00 a.m. and 8:00 p.m..

Interview conducted with the Staff A, (administrator), Staff B (administrator assistance) and Staff C (caregiver) revealed that H means refused. They stated that they did not inform Resident #5 physician because he was a new admission and the residents have rights to refuse his medications.

The facility administrator failed to informed Resident's #5 health care provider that the resident refused to take his medications for 6 consecutive days before elope from the facility.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on record review and interview the facility failed to assess residents at risk for elopement for 5 out of 28 (#1, #2, #3, #4 and #5) sampled residents.

Findings include:

Facility record review found that the facility has a written elopement policy and procedure which requires that all residents will be assessed for risk o elopement upon admission or when a significant change in condition and/ or behavior is noted.

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SUMMARY STATEMENT OF DEFICIENCIES
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Resident record review for sampled residents #1, #2, #3 #4 and #5 did not have documentation that the residents were assessed for risk of elopement at the time of the admission.

Interview with the facility administrator on at 1:30 p.m. confirmed elopement policy and procedure which requires that all residents will be assessed for risk o elopement upon admission or when a significant change in condition and/ or behavior is noted was not being followed.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations, record review, and interview the assisted living facility failed to have substituted items with comparable nutritional value for lunch.

Findings include:

During the facility tour the menu was observed in the dining bulletin board.

Menu review revealed that for breakfast the facility offered: juice (4onz), dry cereal (3/4 cup) or cooked cereal (1/2 cup), bread (1 slice), margarine (1 sp) and milk (8onz). For lunch: Spaghettis (1 cup) with ham and cheese (4 oz.), beans (1/2 cup), little bread (1), mix salad (1 cup) dressing (1 sp) and peaches (1/2 cup), juice and/or water.

Lunch observation on at about 11:30 a.m. revealed that the residents were served Spaghettis with ham and cheese and juice, one banana and juice and/water.. The residents did not receive little bread (1), mix salad (1 cup) dressing (1 sp) and peaches (1/2 cup) indicated in the Menu. In addition the juice that was accessible the entire day to the residents was lemon flavor with water.

Interview conducted with Resident #2, Resident #6, Resident #7 and Resident #8 on at 10:00 a.m. revealed that the breakfast was cake and coffee with cream.

Interview conducted with the caregivers on at 12:15 p.m. revealed that the menu indicated that the residents will receive milk in the breakfast and mixed salad in the lunch but they do not like drink milk and eat mixed salad in the lunch.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
River Villas Alf, Inc
560 Nw 1 Street
Miami, FL 33128

Re: CCR #2013012599 & 2013013073

Dear Administrator:

This letter reports the findings of two state complaints survey that were 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 3/2/2014 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
XG90

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