STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968097	
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 - 0008 - 429.26(4-6) Fs; 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . River Villas ALF Inc. had the following deficiencies found at the time of the survey:

0008-Admissions - Health Assessment 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to ensure one out of thirteen (#1) sampled residents had a completed health assessment within 30 days of admission.

Findings included:

Record review revealed that Resident #1 did not have a completed health assessment in his chart at the time of the survey. Section for residents date of birth was blank. Header for the facility/ facility address/ facility phone number and contact number were blank. In section number one: front sheet page one: Known was blank/ Physical or Sensory limitations were blank. or Behavioral status/ Nursing/treatment/ service requirements were blank/ Special precautions and Elopement Risk were blank. Page ... section A. transferring section was blank. Section B. Special Diets Instructions was blank.

Interviewed the Administrator on at 12:00 PM, she confirmed the findings in regards to Resident #1 not having a comple... ...ssessment.

Class III

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

Based on record review and interview the facility failed have evidence of one out of four (D) sampled employees' negative ( ) examination documented on an annual basis.

Findings included:

Record review revealed that Employee D. (Caretaker)'s last physical was completed on . There is no evidence of a negative examination on an annual basis for Employee D.

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Interviewed the Administrator on - at 12:00 PM, she confirmed the findings in regards that Employee D. not having an up to date physical in file at the time of the survey stating being cleared for .

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its correct staffing pattern for a given time period.

Findings included:

On - at 8:15 AM, the time of the entrance found only Staff C and D.

On - at 9:50 AM during record review of the facility staffing schedule for - to - four Monday - Staff B, C, and D were scheduled to be at the facility from 7:00 AM until 7:00 PM (Administ a l Care givers).

On - at 1:00 PM during an interview with the Administrator, she stated that she was on the sch t she did not needed to be in the facility. She acknowledged the findings and she stated that she was going to change the schedule immediately.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview facility failed to provide a clean and safe environment for the residents living at the facility.

Findings included:

Observation in the residents other areas on - .:

In # observed in the corner of the is a broken standing closet without a doors which was leaning on the side of the close . and the closet was leaning to the left ready to over.

In # observed the window did not a window screen and the window was wide open and insects were seen flying around the .

In the resident 7/8, when testing the water f ot water in the sink and shower, there w ... e. ... e shower and sink both were and never became warm or

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

hot at anytime while being tested. The water was tested for approximately 2 minute . The tub was very dirty and also the wall tiles in the shower area. Near the floor area of the frame there was a missing wall tile.

In the residents , the also filthy with a ceiling air vent hanging down fr ... ty, plus the floor and wall tiles were very filthy.

Observation of resident # observed on entering the resident start ing about the condition of the when it rains the water will come into his the door. The wet cloths . the floor which the resident had on the to suck up the water. The a strong odor from the clothes used to get the water up and the floor was still wet. Obse he bottom of the door an inch of space from the door bottom to the floor.

Observation in # , when the resident opened the door, it was noticed at that time on all of the walls and ceiling there as broken pieces of mirror glass which all had sharp edges on them. In the middle of the , there was a large mirror with large nooks and bricks on the surrounds frame. On the floor n sidents bed, observed a couple of large knives and sharp pieces of the mirror.

In # , when entering the was very warm and the resident in the that time stated that his ai ondition unit has be ...ten for a long time and whenever he complained to the management, nothing was done to fix the problem.

Interviewed the Administrator on - at 12: 00 PM, she stated at that time all of the residents are checked and cleaned l , ... cleaning staff daily. But that all changed when told of the ts in the residents and other areas of the facility which had problems from being cleaned and sanitary.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview facility failed to ensure that three out of thirteen (#1, #12, and #13) sampled residents had an Annual Community Living Support Plan.

Findings included:

Record review revealed that Residents #1, #12, and #13 did not have Annual Community Living Support Plan. Resident #1 and #13's plan was last dated on . Resident #12's plan was last dated on -

Interviewed Administrator on - at 12: 30 pm in regards to three residents not have their up to date Annual Community Livin ...t Plan. The Administrator stated the residents were given a new case manager and the assessments have not been completed yet by the new case manager.

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	AL11968097	03/02/2015
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)		

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2015 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 Verlande Exil, Health Facilty Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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