

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/07/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966247	(X3) DATE SURVEY COMPLETED R 06/27/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An abbreviated biennial revisit survey was conducted on , 2016. Villa Josefa with standard license and license number 10483 had the following deficiencies identified at the time of the survey:

0165 Risk Mamt & QA: Adverse Incident Report

Based on record review and interview, the Assisted Living Facility failed to complete the adverse incident report within one business day after an adverse incident with one (#2) out of six sampled residents.

Findings included:

Record review revealed that facility did not need to file the adverse incident with the agency regarding Resident #2's , injury, and hospital visit due to the incident. Record review found the facility's last report received by the agency was dated / / .

In an interview on at 11 AM Caregiver A revealed that there has not had an adverse incident in the facility since last survey and consultant explained Caregiver A that incident passed the time frame and facility did not need to file the adverse incident with the agency.

Class III
Uncorrected

Z814 Backaround Screenina Clearinghouse

Based record review and interview, the Assisted Living Facility failed to register with the clearinghouse and maintain the employment status of all employees within the clearinghouse.

Findings included:

Background screening website for providers showed that Villa Josefa's employee roster was empty.

In an interview on at 11:50 AM Caregiver A revealed that background screening employee roster wasn't update due to application was pending and when Caregiver A called the unit, they informed Caregiver A that it wasn't received. Caregiver A confirmed that Employer roster in the background screening website has not been updated.

Unclassified

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11966247	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 Y3
NAME OF FACILITY VILLA JOSEFA	STREET ADDRESS, CITY, STATE, ZIP CODE 16139 SW 68 TERRACE MIAMI, FL 33193	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0026 Reg. # 58A-5.0182(2) FAC LSC	Correction Completed	ID Prefix A0029 Reg. # 58A-5.0182(5) FAC LSC	Correction Completed	ID Prefix A0052 Reg. # 58A-5.0185 (3) LSC	Correction Completed
ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed	ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed	ID Prefix A0057 Reg. # 58A-5.0185(8) FAC LSC	Correction Completed
ID Prefix A0077 Reg. # 429.176 FS; 58A-5.0191(1) FAC LSC	Correction Completed	ID Prefix A0079 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed	ID Prefix A0080 Reg. # 429.52(1-2) FS; 58A-5.0191(1) FAC LSC	Correction Completed
ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed	ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed	ID Prefix A0083 Reg. # 58A-5.0191(4) FAC LSC	Correction Completed
ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed
REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) 	DATE 7/7/16	SIGNATURE OF SURVEYOR		DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE		DATE

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11966247	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 Y3
NAME OF FACILITY VILLA JOSEFA	STREET ADDRESS, CITY, STATE, ZIP CODE 16139 SW 68 TERRACE MIAMI, FL 33193	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed	ID Prefix AL243 Reg. # 429.075(1) FS: 58A-5.0191(8) FAC LSC	Correction Completed
ID Prefix AN277 Reg. # 58A-5.031(2) FAC LSC	Correction Completed	ID Prefix AZ813 Reg. # 59A-35.090(3)(c), FAC LSC	Correction Completed	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) 	DATE 7/7/14	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/25/2016		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Villa Josefa
16139 Sw 68 Terrace
Miami, FL 33193

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial revisit survey conducted on 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

