



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Villa Josefa
16139 Sw 68 Terrace
Miami, FL 33193

Dear Administrator:

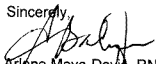
This letter reports the findings of a Change of Ownership state licensure survey that was conducted on , 2016 by representative(s) of this office.

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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2017.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone: (305) 593-3100; Fax: (305) 593-3121
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
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Twitter.com/AHCA_FL
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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/07/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966247	(X3) DATE SURVEY COMPLETED 11/16/2016
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

A Change of Ownership survey was conducted on 11/16, 2016. Villa Josefa (AL 10483) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey:

0077 Staffing Standards - Administrators

Based on record review and interview, the Administrator failed to provide documentation that she had completed the required competency test (CORE) no later than 90 days after becoming the facility's Administrator.

Findings included:

Record review revealed that Staff A had been the facility's Administrator since

Staff C stated on 11/16 at 11:33 am that Staff A and herself took the Core test on 11/16 and they have to wait 3 weeks to get the results. Staff C further stated that she and Staff A did not take the test before because there were no appointments in Miami.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to provide a written statement from a health care provider documenting that one out of 5 sampled employees (Staff A) was free of any signs or symptoms of communicable disease within 30 days of being hired. The facility also failed to provide evidence of a negative TB examination on an annual basis for 4 out of 5 sampled employees (Staff B, C, D and E).

Findings included:

A review of Staff A's personnel record revealed that she was hired on 11/16 and that there was no written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease.

A review of Staff B and C's personnel records revealed that the last TB examination were done on 11/16. A review of Staff D and E's personnel records revealed that the last

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examination were done on 11/16/16.

The assistant Administrator stated on 11/6/16 at 8:30 am, "I am not ready for this inspection because I have had a lot of personal problems." At 10:35 am she stated, "You will not find the new test results because we do not have them."

Class III

0079 Staffing Standards - Levels

Based on record review and interview the facility failed to have an accurate staffing schedule posted.

Findings included:

During tour of the facility on 11/16/16 at 8:25 am observed that the staffing schedule that was posted in the living room for the month of November.

On 11/16/16 at 8:45 am Staff C stated that the staffing schedule posted was from the month of October but that the one from November was behind it but the caregiver forgot to change it.

Class III

0093 Food Service - Dietary Standards

Based on record review and interview the facility failed to have the menus planned at least a week in advance.

Findings included:

During tour of the facility on 11/16/16 observed that the menu posted on the living room for the week of 11/14/16 to 11/20/16 and there was another menu posted in the kitchen refrigerator door for the week of 11/14/16 to 11/20/16.

On 11/16/16 Staff C stated at 9:50 am that she was going to bring the new menu from her house.

Class III

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0160 Records - Facility

Based on record review and interview the facility failed to have a current activities calendar posted.

Findings included:

During tour of the facility on 11/16/16 at 8:25 am observed that the activities calendar that was posted in the living room was for the month of October

On 11/16/16 at 8:45 am Staff C stated that the activities calendar posted was from the month of October but that the one from November was behind it but the caregiver forgot to change it.

Class III