

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966247	(X3) DATE SURVEY COMPLETED R 01/23/2017
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 revisit survey was conducted on // and concluded on // / . Villa Josefa (ALF) license # 10483 with Limited Nursing Services and Limited Mental Health components had the following deficiencies identified at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interviews, the facility failed to honor residents for consideration and privacy for 1 out of 8 sampled residents (#8). The facility failed to ensure that residents did not sleep in the living sofas.

Findings included:

During an interview on // / at 12:41 p.m. Resident #8 stated, "I live here, in this house, they treat me good but staff are rude they put me to sleep in a sofa bed, they give me a blanket and a pillow; Staff opened the black sofa that you see in the living // I sleep there. He stated I don't know why they put me to sleep there." He stated "I'm //"

Observations on // / at 8:01 p.m. found Resident #8 sleeping on a sofa bed in the living // Resident #7 was sleeping in // # //

During a phone interview on // / at 8:45 p.m. the Administrator Assistant acknowledged that she did provided services to Resident #8 outside current license capacity of six.
Class III

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

Based on record review and interview the facility failed to have 1 out of 5 sampled employees' (Staff D) negative examination documented on an annual basis.

Findings included:

Observation on // / during facility tour at 11:23 a.m. found Staff D (caregiver) proving assistance with activities daily living to residents.

A review of Staff D's personnel records revealed that the last examination was done on // /

During an interview on // / at 12:17 p.m., the administrator assistant stated on did not have the updated () test.

Uncorrected 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 that reflects its 24-hour staffing pattern for a given time period. The facility also failed to have qualified staff to meet the scheduled and unscheduled needs of the residents (census of 8, over licensed

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966247	(X3) DATE SURVEY COMPLETED R 01/23/2017
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)

capacity).

Findings included:

During tour of the facility on 01/13/17 at 11:13 a.m. observed that Staff E (caregiver) was in the kitchen preparing daily food for residents.

Record review of the staffing schedule posted in the living room for the month of 2017 showed the following: Staff D (caregiver) was scheduled to worked from 7 a.m. to 7:00 p.m., Staff C (caregiver/administrator assistance) from 7:00 a.m. to 7:00 p.m. and administrator from 7:00 p.m. to 7:00 a.m. The facility did not have Staff F (caregiver) name listed on the Staffing scheduled.

During an interview on // at 11:45 a.m. Staff C (caregiver/administrator assistant) acknowledged that Staff E (caregiver) was not listed on the facility staffing calendar.

Observation on // / at 8:01 p.m. found Staff F (caregiver) in #. with Resident #7.

During an interview on // at 8:17 p.m. Staff F stated, "I worked here. I did my background screening but I do not have my personnel record for review."

Review staffing schedule posted showed that Staff F (caregiver) name was no listed.

Record review found the facility did not have personnel records for Staff E and F.

Uncorrected Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review, and interview, the facility failed to ensure that 2 out of 5 (Staff E and F) sampled employees have a completed personnel record at the facility for review.

Findings included:

During tour of the facility on // at 11:13 a.m. observed that Staff E (caregiver) was in the kitchen preparing daily food for residents.

Record review found that Staff E did not have a personnel record at the facility for review.

During an interview // / at 11:25 a.m. Staff E stated, "I work here at the facility."

During an interview on // / at 11:45 a.m. Staff C (caregiver/ administrator assistant) stated, "Staff F did not have employee personal record but I did her background screening."

Observation on // at 8:01 p.m. found Staff F (caregiver) in #. with Resident #7.

During an interview on // at 8:17 p.m. Staff F stated, "I work here. I did my background screening but I do not have my personnel record for review."

Class III

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966247	(X3) DATE SURVEY COMPLETED R 01/23/2017
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)

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on observation, record review and interview, the facility failed to maintain documentation of the results of a background screening on site in the facility's personnel files for 1 of 5 employees (E)
Findings included:
During tour of the facility on // at 11:13 a.m. observed that Staff E (caregiver) was in the kitchen preparing daily food for residents.
During a review of personnel records, there was no documentation of an eligible background screening found for Staff E.
A review of the background screening database revealed a background screening for the Staff E.
During an interview on // / at 11:45 a.m., the Staff C (caregiver/administrator assistant) stated, "Staff E did not have employee record but I did her background screening. I do not had the result here."
Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, record review, and interview the facility failed to have a completed level II background screening for 1 of 5 (Staff F) sampled staff.
Findings included:
Observation on // at 8:01 p.m. found Staff F (caregiver) in # with Resident #7.
During an interview on // / at 8:17 p.m. Staff F stated her first middle and last name with her day of birth. She stated "I did not have personal identification (ID) with me here, I don't know my social security number. I work here. I did my background screening but I do not have my personnel record for review."
Review background screening website with the personal information provided by Staff F, no record was found.
During a phone interview on // at 8:45 p.m., the administrator acknowledged that she had staff at the facility without background screening. She stated Staff F (caregiver) went to the facility to take a shower.
Unclassified

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation and interview, the facility failed to obtain a licensure capacity increase prior to providing personal care and meals to 8 residents (#7 and #8). The facility provided services to residents outside current license capacity of six.
Findings included:
During an interview on // / 11:20 a.m. Resident #7 stated, "I'm living here, they offer me breakfast lunch and dinner, my daughter come here to visit me."
During an interview on // at 12:41 p.m. Resident #8 stated, "I live here, in this house, they treat

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966247	(X3) DATE SURVEY COMPLETED R 01/23/2017
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)

me good but staff are rude they put me to sleep in a sofa bed, they give me a blanket and a pillow; Staff opened the black sofa that you see in the living room and I sleep there. He stated I don't know why they put me to sleep there. He stated I'm 94 years old.

Record review on // showed Residents #7 and #8 did not have residency contracts with the but had daycare contracts that revealed that services were from Monday through Fridays drop-off at 7:30 a.m. and pick up at 7:30 p.m.

Interview on // at 10:30 am the administrator assistant acknowledged the Admission/Discharge log did not have Resident #7 listed. She acknowledged that Resident #7 did not have a residency contract.

Observations on // at 8:01 p.m. found Resident #8 sleeping on a sofa bed in the living Resident #7 was sleeping in #.

During a phone interview on // at 8:45 p.m. the Administrator Assistant acknowledged that she did provided services to Resident #7 and #8 outside current license capacity of six.

Unclassified



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Villa Josefa
16139 Sw 68 Terrace
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a Change of Ownership revisit survey completed on 23, 2017 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 _____, 2017.**

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

