

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967808	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/30/2022
NAME OF PROVIDER OR SUPPLIER VILLA MARGO VI INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2820 SW 34 AVE MIAMI, FL 33133		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An abbreviated re-licensure survey was conducted at Villa Margo VI Inc on 11/30/2022. A deficiency identified at the time of the survey.	A 000		
A 034 SS=D	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure the safe usage of resident's assistive device and develop policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices for one out of six (Resident #1) sampled residents. Findings included:	A 034		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 034	Continued From page 1 On ... at 9:31 AM, observed a wheelchair (assistive device) in Resident#1 's bedroom closet. Review of Resident #1 1823 health assessment dated ... revealed resident used a wheelchair and a doctors order for the wheelchair in file. A review of the Resident #1 record showed no documentation of policies and procedures for assessing the physical condition of the assistive device. In an interview with the Administrator on 11/30/22 at 2:35 PM, she stated she was not aware assistive devices used by residents required policies and procedures. Class III	A 034			