Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964837	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA MARGO V	3277 SW 22 TERRACE MIAMI, FL 33145

(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 Complaint (CCR# 2012006240) Survey was conducted on , 2012 at Villa Margo V. The following deficiencies were identified at time of survey.	A 000		
A 126 SS=D	58A-5.021(7) FAC Fiscal - Resident Accounting (7) RESIDENT ACCOUNTING. (a) If the facility provides safekeeping for money or property; holds resident money or property in a trust fund; or if the facility owner, administrator, or staff, or representative thereof, acts as a representative payee; the resident or the resident ' s legal representative shall be provided with a quarterly statement detailing the income and expense records required under subsection (4), and a list of any property held for safekeeping with copies maintained in the resident ' s file. The facility shall also provide such statement upon the discharge of the resident, and if there is a change in ownership of the facility as provided under Rule 58A-5.014, F.A.C. (b) If the facility owner, administrator, or staff, or representative thereof, serves as a resident ' s attorney-in-fact, the resident shall be given, on a monthly basis, a written statement of any transaction made on behalf of the resident. (c) Within 30 days of receipt of an advance rent or security deposit, the facility shall notify the resident in writing of the manner in which the licensee is holding the advance rent or security deposit. This Statute or Rule is not met as evidenced by: Based on record review and interviews the assisted living facility failed to maintain a written record for 10 out of 10 (#1, 2, 3, 4, 5, 6, 7, 8, 9,	A 126		

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A 126	Continued From page 1 and #10) sampled residents who received income from other sources. Findings include: Record review revealed of statement detailing the income and expense records for residents #1 through 10 were not available. Record review of facility resident #1 file contained a Personal Expense Log which is initial from the month of to . This log contains no specific amounts and dates in which funds have been given. Resident #2 file contained a Personal Expense Log Copies obtained and included in file. There is no copy of Alternate Care Certification for ( ) Form, if the resident is an recipient for both residents. When questioned about the how many residents receive funds and how receives a trust fund monies administrator states " Resident #1 and 2 receives and none of the resident has a trust. " I know the financial records do have a log or documentation of facility finances administrator stated there just not here. We don ' t have the financial records the accountant has it. " Class III	A 126		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and	A 152		

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A 152	Continued From page 2 appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observation, and interview the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order.	A 152		

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A 152	Continued From page 3 Entered to the $#2. The clean with no foul odors and no indication of any feces anywhere. The floors are clean. Turned the water faucet on vanity sink it was and turned the hot water valve in tub and it was . I waited 2 to 3 minutes before testing of hot water temperature # again. The water contained no hot water both in vanity sink and bath tub. After waiting for another 3 minutes there was still no hot water. Entered to # # has a shower, toilet and vanity sink. The clean with no odors and no indication of feces anywhere. The hot water valve was turn on in both the shower and in the vanity. The water in the shower and vanity was . After a few minutes the water in vanity became lukewarm still no as warm. The water in the shower was still to touch after 5 minutes. Tour of dining area was clean and on the wall posted the meal schedule, Delegation of Authority, menu, and staff schedule. Toured the kitchen and the hot water valve was turned on and it was hot. Continued with the tour of # was clean with no odors. There is a shower, toilet with no feces and vanity sink. Water was turned on in vanity sink and allowed to run for a few minutes. The water was lukewarm. The shower hot water valve was turned and felt . I waiting 5-7 minutes and was still . I returned to # and the water is lukewarm in vanity sink and in shower. The facility was well and the air was circulation fine. The thermostat reads 75 degrees.	A 152		

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A 152	Continued From page 4 Administrator arrived at 9:20 a.m. with a handy man while I continued with the tour of entire facility. Shortly after the administrator call her husband to come and explain and fix what is going on with the water. While working the administrator stated, " I heard some ru ha ha about the situation with this facility. There ' s hot water service to the facility. The resident in the first [redacted], and she can ' t use the hot water. The shower in the back has a no scolding valve. She then called her husband. The surveyor went outside to discuss the discrepancies found and then the administrator ' s husband arrived at 9:45 a.m. Interview on [redacted] at 10:00 a.m. with both caretakers staff #1 and 2 stated the all of the residents have showered already since 7:00 a.m. this morning and then they had their breakfast. Interviews done by surveyor on [redacted] at 10:20 a.m. resident #2 I have been living in facility since [redacted]. I feel OK living here. The facility is clean, bath are clean. I have not seen any flies in facility. They changed the water heater of facility but the water in the shower is [redacted]. Interview with [redacted] at 10:20 resident #3 I have been living here for about a year. The facility and baths are clean. The staff works too hard to keep it clean. There are 2 employees who work hard. They help me sometimes because I have sight problems. Staff clean all, and wash my clothes and linen, they also cook. There is no too much hot water. I think the problem is in the water line and not in the water heater. Interview with [redacted] at 10:45 resident #4 I am here since [redacted], 2012. Yes the facility is clean, the temperature is ok. We have no hot	A 152		

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A 152	Continued From page 5 water in the shower. They are fixing it today. I have not seen flies in facility. Interview with at 12:48 p.m. resident #1 I like to be in my . I like to watch some programs that I like. I also like to read and here in my more quite than outside. I also like to hear the radio station. Yes. The house is clean. The staff clean every day. are also clean. I have never cleaned my , when I see something dirty I call the staff and they clean it. When I have an emergency the ambulance takes me to the hospital. When I have no emergencies the doctor comes to see me at the facility and put me the corresponding treatment. They clean all, wash clothes and cook. They also help me with the bath because I have no balance. The shower in bath has no hot water. I don't know what the problem is but there is a problem, the sink has and hot water but the shower has no hot water. Class III	A 152		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Villa Margo V
3277 Sw 22 Terrace
Miami, FL 33145

Dear Administrator:

Re: CCR #2012006240

This letter reports the findings of a state complaint survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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