STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967808	**04/30/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Margo Vi Inc	**2820 Sw 34 Ave Miami, FL 33133**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - Z817 - 408.810(3-4) Fs; 59a-35.100(1) Fac - Minimum Licensure Requirement - Inform Ahca S-S= D

Specific Tag Findings:

0000-Initial Comments
A visit for a Complaint investigation CCR # 2013002801 was made at Villa Margo VI on
There were deficiencies found at time of survey.

Z817-Minimum Licensure Requirement - Inform AHCA 408.810(3-4) FS; 59A-35.100(1) FAC
Based on observatin the facility failed to notfy of the agency 30 days prior to closing

Findings Include

Arriving to facility at about 8:00 a.m. The facility had a sign attached to the front door stating the facility was vacant. On the paper was also a phone # to call and the administrator's name. Knocked at the door before leaving and then called the office to inform nobody was in the facility. Left premises after 10 minutes.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Villa Margo VI Inc
2820 Sw 34 Ave
Miami, FL 33133

CCR#2013002801

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2013 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.

Staff from this office will conduct a review after 8/15/2013 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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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