STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964308	06/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Margo Ii	2930 Sw 38 Court Miami, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint (CCR#2013004419) survey of your Assisted Living Facility was conducted on . There were deficiencies found at the time of the visit.

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

Based on record review and interview facility failed to have 1 out of 4 sampled employees to have a up to date physical documented in her file.

Findings includes:
1. Record review revealed employee #4 Manager did not have an up to date physical in her file for review. The last testing was dated on .

2. Interviewed owner/assistant on at 6:am, she stated that employee #4 was the manager of the facility for many years but she (owner) did not realize that her manager did not have the updated physical in the file.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview facility failed to provide a safe living environment for the safety of the residents.

Findings includes:

1. Observation: On at 6:00 am during the tour of the facility in the dinning ceiling of the facility observed the fire alarm hanging from the ceiling with all of the electrical wires in full view. (photo taken) as evidence. On the wall in the same area observed a electric wall socket without a plastic protective covering on it. In the kitchen area one of the cabinet doors was falling off . (photo taken).

2. Interviewed owner/assistant on at 7:30 am in regards to the environmental safety hazards found during the tour of the facility. She confirmed the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Villa Margo II
2930 Sw 38 Court
Miami, FL 33134

Re: CCR #2013004419

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 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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