

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/04/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964403	(X3) DATE SURVEY COMPLETED 08/05/2013
NAME OF PROVIDER OR SUPPLIER Villa Margo III	STREET ADDRESS, CITY, STATE, ZIP CODE 3669 Sw 24 Terrace Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

A unannounced standard Biennial Survey was conducted on [redacted] Villa Margo III had deficiencies found at the time of the survey.

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

Based on observation, record review and interview Assisted Living Facility failed to have a level 2 background rescreening for one out four sampled staff (staff_C).

Findings include:

1. Observation on [redacted] at 7:40 a.m. revealed that staff_C was in the facility assisting residents with morning care, breakfast and assisting with morning self-medication administration.
2. Record review that Background screening results in staff_C personnel record was eligible on [redacted] and according to Florida Agency for Health Care Administration Background Unit website a new screening is required.
3. Interview with manager on [redacted] at 2:10 p.m. revealed that facility was unaware that staff_C background screening result was more than five years old and requires a new background screening.

Class Unclassified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Villa Margo III
3669 Sw 24 Terrace
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a state licensure 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 10/9/2013 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

