STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964403	07/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Margo Iii	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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on . Villa Margo III had deficiencies at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interview the Assisted Living Facility failed to have a doctor order and resident consent to the use of half-bed rail prior to use it for one out of four sampled residents (#2).

Findings include:

Observation on at approximately 8:16 a.m. that resident #2 was resting on bed with half bed rail up.

Record review of resident #2's file revealed the resident #2 did not have consent to the use of half-bed rail either doctor order for the use of half-bed rail.

In an interview with facility's owner on at approximately 9:48 a.m. she they did not have a a consent or physician order for the use of half-bed rails.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview the Assisted Living Facility's caregiver failed to read medications' labels in the presence of resident for one out of four sampled residents (#1).

Findings include:

Observation on at approximately 8:23 a.m. caregiver_A placed all medicines in resident #1 hand and did not read or inform resident #1 what medicines he was taking.

During medication reconciliation with medication cards on at approximately 8:30 a.m. found that resident #1 took the following medicines: 81 mg tablet , 1 mg tablet, 75 mg tablet, 10 mg table, 20 mg capsule, 40 mg tablet, CL 20 MEQ tablet ER, 10 mg tablet, 40 mg tablet, 20 mg tablet, tablet rug and 50 2,000 unit capsule.

In an interview with caregiver_A on at 8:58 a.m. she confirmed that she forgot to informed resident

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which medicines he was taking.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring survey that was conducted on , 2014 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. RN
Field Office Manager

AMD:kb
Enclosure
XG90

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