STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964590	09/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Margo	2978 Sw 27 Lane Miami, FL 33133	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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 Investigation (CCR#2014008684) survey was conducted on , , 2014. Villa Margo had deficiencies at time of the survey .

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

Based on observation and interview, the facility failed maintain facility ceilings, windows, doors, and cabinets. The facility failed to provide a clean environment in backyard free from debris.

Findings included:

Observation on at 9:00 am revealed that the facility back yard debris. The facility failed to keep the water storage in a clean environment from from debris.

Observation during the facility's tour on at 9:00 in (#1, 2, 3, 5 & 6) found the following:

, #2, #5, and #6 had cracked paint on the ceiling
had no floor finished and AC was dirty
's entrance to storage disorganized and lights were not working (dark)
had a glass window broken (covered with wood)

Kitchen sliding glass door needed to be lifted to open. Also, the cabinet was in disrepair and it had cracked paint on the ceiling.
's (#1) cabinet was dirty and deteriorate
The dining had a small cracked on wall.
The ministration of water (15 gallons) outside of the facility covered with a plastic.
Debris at the West/East side of the backyard

An interview on at 10 am with administrator revealed that the repatriations should be done approximately in three weeks.

Further Interview with administrator on at 12:00 pm, she acknowledged that the facility needed to have the backyard cleaned, proper storage of water and sliding door needed to be repaired or changed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2014

Administrator
Villa Margo
2978 Sw 27 Lane
Miami, FL 33133

RE: CCR #2014008684

Dear Administrator:

This letter reports the findings of a Complaint Investigation 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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