STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966801	**10/22/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Margreg Facilities Corp	**12412 Sw 213 Terrace Miami, FL 33177**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Margreg Facilities Corp had the following deficiencies at the time of the survey:

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview the facility failed ensure that the manager satisfied the same qualifications as the administrator. The facility failed to ensure that the manager had a minimum of a high school diploma or GED.

Findings as followed:

Record review showed the administrator supervised two facilities. Record review showed the facility failed to have documentation of the high school diploma for the manager (staff #2).

On at noon the facility's administrator acknowledged the facility failed to have documentation of the high school diploma for the facility's manager (staff #2)

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview the facility failed to have a manager who successfully passed the CORE competency exam within 3 months of employment.

Findings as followed:

Record review showed the administrator supervised two facilities. Record review showed the facility failed to have documentation of the CORE test for the manager (staff #2; hired on). The manager completed the CORE training on .

On at noon the facility's administrator stated the facility's manager passed the CORE training but has not passed the CORE competency test.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Margreg Facilities Corp
12412 Sw 213 Terrace
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a Standard Biennial 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
XG90

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