STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964298	**12/03/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Margo I	**3644 Sw 22 Terrace Miami, FL 33145**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0181 - 58a-5.026(2) Fac - Emergency Mgmt - Plan Approval S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. Villa Margo I had the following deficiencies at time of the survey:

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interview the facility failed to have an activities calendar posted and provide activities to the residents.

Findings included:

On at (@) 9:00 am found the facility did not have the activities calendar posted.

Confidential interviews on from 9:00 am to 11:00 am revealed that facility did not have any activities.

Further interview with staff C on @ 1:00 pm, she confirmed that the facility did not have the activities calendar posted.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview the facility failed to discard discontinues or abandon medications.

Findings included:

Observations during the facility tour on at 8:30 AM found four bingo cards in a unlock cabinet located in the kitchen. The medications included discontinued and abandon medications. Three bingo cards of XR 50 milligram (MG) Tab and one bingo card Sod 100 MG Soft gel.

Interview on at 9:15 AM, staff B stated those bingo cards are for two residents that left the facility. She stated " I know is my fault to have this medication unlocked".

Class III

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0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation and interview the facility failed to have medication properly labeled.

Findings included:

Observations during the facility tour on at 8:30 AM revealed that facility had a plastic box inside of the medication storage cabinet with unlabeled medications:

Solution USP and Solution 0.2 %

Interview on at 9:15 AM, staff B stated that eyes drops medication is for resident #2. I discarded label box. "

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

Observations during facility tour on at 8:30 a.m. found staff B and D in facility with the residents.

Record review on showed that there was no written work schedule available for review at the facility.

Interview on at 11: 20 AM, the owner stated " I don 't have written work schedule at the facility. They have been my staff for many years. "

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations, record review, and interview the facility failed to have menus posted, menus dated and planned for at least one week in advance, and a 3-day of supply of non-perishable food for a census of 5 residents.

Findings included:

Observation during the facility tour on at 8:40 AM showed there was no current menu posted in facility. Facility did not have menus dated and/or planned for at least 1 week in advance for both regular and therapeutic diets. Further observation revealed that the quantity of 3-day supply of non-perishable food was no sufficient based on the resident census of 5 residents. Found many expired cans in the emergency food supply.

Facility record review on at 11:50 AM showed that the menu was last approved on I/ to

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During an interview on at 11:50 AM, the owner confirmed that facility did not have menu posted or available for resident. She stated that " I do not have a current menu to provide to you, menu is expired " . Owner knowledge that facility did not had adequately quantity of emergency food supplied.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on observation, interview, and record review the facility failed to have maintain a complete resident record for 1 (resident #2) of 5 sampled residents.

Findings included:

Observations during the facility tour on at 8:30 AM found that resident #2 resided in # .

Record review on at 10:01 AM showed that record for resident # 2 ' s was not at the facility. The only documents from resident #2's record were a Medication Observation Record.

During an interview on at 10:01 AM with the owner revealed resident #2 was did not sign the contract because she refused. She resided in the facility for about 2 month without signing the contract. She acknowledged that the only document from resident #2 ' s in the facility was Medication Observation Record. She stated " I do not have record for her "

Class III

0181-Emergency Mgmt - Plan Approval 58A-5.026(2) FAC

Based on record review and interview the facility failed to have evidence that the emergency management plan was reviewed annually.

Findings included:

Record review on at 11:30 am revealed that the facility did not have proof of an emergency management plan was reviewed annually.

Interview on at about 11:35 a.m. the facility's administrator confirmed the emergency management plan was not reviewed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Villa Margo I
3644 Sw 22 Terrace
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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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