STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964837	01/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Margo V	3277 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 - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards 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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2015. Villa Margo V had the following deficiencies at time of the survey:

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

Based on record review and interview the facility failed to have an activities calendar posted.

Findings included:

Observation on at 9:00 am revealed that the facility did not have an activities calendar posted.

Interview on at 12:00 pm, the Administrator acknowledged that the facility did not have an activities calendar.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on record review and interview the facility failed to have at least 2 elopement drills performed per year.

Findings included:

Record review on at 10:00 am revealed that the facility did not have elopement drills documented.

Interview on at 11:00 am, the Administrator acknowledged that the facility did not have any elopement drill documer file.

Class III

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

Based on observation and interview the facility failed to have over the counter (OTC) medications locked at all times.

Findings included:

Observation during tour on at 8:20 am found that Resident #1 opened a desk (main dining) there were OTC medications. The following medications were found unlocked in a desk in the main dining : Voltaren Gel 1% (gel), Ointment 2%, and Cream USP 1%.

Interview on at 8:22 am with Staff B revealed that she did not know that out of the OTC medications needed to be locked.

Class III

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

Based on observation and interview the facility failed to have over the counter (OTC) medications labeled with the resident's name.

Findings included:

Observation during tour on at 8:20 am found that Resident #1 opened a desk (main dining) and there were OTC medications. The following medications were found unlocked and not labeled with the resident's name in a desk in the main dining : Voltaren Gel 1% (gel), Ointment 2%, and Cream USP 1%.

Interview on at 8:22 am with Staff B revealed that she did not know that OTC medications needed to be labeled with the resident's name.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the facility failed to have a written statement from care provider documenting that the individual does not have any signs or symptoms of unable for 2 out of 4 (B & C) sampled staff. The facility failed to have evidence of a negative ( ) examination documented on an annual basis for 2 out of 4 (Administrator and Staff A) sampled staff.

Findings included:

Record review on at 11:00 AM revealed that Staff B & C did not have documentation of written statements from a health care provider documenting that the individuals did not have any signs or symptoms of communicable . Record review revealed that the Administrator's last test on file was and Staff B's last test on file was dated . The facility did not have evidence negative ( ) examinations documented on an annual basis for the Administrator and Staff A.

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Interview on at 11:20 am with Administrator revealed that employees (Administrator and Staffs A) did not have an upd... .est in the facility at time of survey.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on observation, record review, and interview the facility failed to ensure that at least one staff member has First Aid and training at times at the facility with the residents. The facility failed to ensure that 2 out of 4 (Staff B & C) ... ...d First Aid and training.

Findings included:

Observation on at 8:00 am found Staff B & C working in the facility assisting residents (#s 1, 2,3,4,5,6,7,8,9,10, & 11).

Record review on at 11:00 AM revealed that Staff B & C did not have First Aid and training documentation.

Interview on at 10:30 am with Staff B & C revealed that they did not have training done.

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. The facility failed to have a 3-day of supply of non-perishable food and water for a census of eleven residents.

Findings included:

Observation during the facility tour on at 8:30 am showed the facility did not have have a menu posted in facility.

Further observation revealed that the quantity of 3-day supply of non-perishable food was no sufficient based on the resident census of eleven residents. The facility's emergency food storage did not have enough food for eleven residents for three days. The facility's emergency food storage did not have milk, protein and vegetables. Observation found the facility had eleven empty water gallons in the backyard.

Facility record review on at 11:50 am revealed that the facility did not have a menu.

Interview with Staff B & C on at 8:30 am revealed that the facility did not have an emergency water supply for a census of eleven ... ...s.

During an interview on at 11:50 am, the Administrator stated that " I do not have a current menu to provide to you." The Administrator and Staff B acknowledged that facility did not have adequate quantity of emergency food supplies and emergency water supply for the residents.

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Class III

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

Based on observation and interview the facility failed to maintain a clean and safe environment to residents.

Findings included:

Observation during tour on at 8:20 am revealed the facility had concerns with physical plant:

has a window that was closed with black tape.

also has tape on the window and the window did not appear to close.

's floor and border had holes and cracks in the tile.

The hall way between & 7 needed maintenance

's walls were full of dust.

The seat of the toilet had brown stains

needed to have fixed the floor (border) next to resident #9's bed.

There were several windows with no screen.

The hall next to the kitchen ceiling has water filtration.

Kitchen appliance: stove (oven) was stained.

Kitchen cabinet, floor and sink needed maintenance.

There was a refrigerator in the laundry resident ' s food had brown stains on the doors and the inside of the refrigerator.

Backyard had debris, broken furniture, and garbage.

Interview on at 12:30 pm revealed that the Administrator and Owner stated that the facility needed to be remodeled

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based in record review and interview the facility failed to have the facility requirement records.

Findings included:

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Facility record review found the facility did not have the annual health department's inspection, emergency management plan, and liability insurance.

Interview on at 11:44 am with the Administrator confirmed the facility did not have the update documentatio...

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on observation, record review, and interview the facility failed to have personnel records and level 2 background screenings for 2 out of 4 (B & C) sampled staff.

Findings included:

Observation during the tour on at 8:00 am found Staff B & C working at the facility caring for a census of eleven residents.

Record review on at 10:33 am revealed that Staff B & C did not have personnel files at the facility. S f B & C were missing the following training: Control, activities of daily (ADLs) and Behavioral Needs, Elopement Response, Emergency Prepare...ss/Evacuation, Incident Report, Resident Rights, Recognizing/Reporting /Neglect/ , Nutritional /Safe Food Handling, Medication Self-Administration, Foo... ...vice Desi...e, First Aid and .

Further record review on at 11:00 am revealed that Staff B & C did not have a copies of their level 2 background screenings. The agency's background screening webpage search showed that Staff B & C were eligible.

Interview with Staff B &C on revealed that they had eight months working in Villa Margo V. They also stated that they did not have ... ...ervices done and they would like to have all their in-services.

Interview with the Administrator revealed that Staff B & C worked in the facility for about 8 month and they did not have copies of their background screenings on file. Also, the Administrator stated, " Staff B & C did not have personnel records."

Class III

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

Based on observation, record review, and interview the facility failed to have residents records for 11 out of 11 (resident #s 1,2,3,4,5,6,7,8,9,10, & 11) sampled residents.

Findings included:

Observation during the tour on at 8:00 am revealed that residents #s 1,2,3,4,5,6,7,8,9,10, & 11 lived in Villa Margo V.

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Record review on at 11:00 am revealed that Residents #s 1,2,3,4,5,6,7,8,9,10, & 11 did not have records at all at the facility. The facility did not have the following for Residents #s 1,2,3,4,5,6,7,8,9,10, & 11: demographic information, health assessments, resident contracts, informed consents for unlicensed staff to assist with medication, weight records, health care provider's orders and any other applicable resident forms.

Interview with the Administrator on at 11:00 am acknowledged that the facility did not have Residents #s 1, 2,3,4,5,6,7,8,9,10, & 11 records. She stated that she lost Residents #s 1, 2,3,4,5,6,7,8,9,10, & 11 records.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Villa Margo V
3277 Sw 22 Terrace
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2015 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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