STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964837	03/09/2015
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)		

Revisit Corrected Tags:

0026-Resident Care - Social & Leisure Activities-03/09/2015
0032-Resident Care - Elopement Standards-03/09/2015
0055-Medication - Storage And Disposal-03/09/2015
0056-Medication - Labeling And Orders-03/09/2015
0078-Staffing Standards - Staff-03/09/2015
0083-Training - First Aid And Cpr-03/09/2015
0093-Food Service - Dietary Standards-03/09/2015
0152-Physical Plant - Safe Living Environ/other-03/09/2015
0160-Records - Facility-03/09/2015
0161-Records - Staff-03/09/2015
0162-Records - Resident-03/09/2015

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on March 09, 2015. Villa Margo V did not have deficiencies at time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 20, 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 revisit conducted on March 9, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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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