STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964403	07/24/2015
NAME OF PROVIDER OR SUPPLIER **VILLA MARGO III**	STREET ADDRESS, CITY, STATE, ZIP CODE **3669 SW 24 TERRACE** **MIAMI, FL 33145**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Complaint Survey (CCR#2015006181) was conducted on , 2015 and concluded , 2015. Villa Margo III with Limited Nursing Services and Limited Mental Health had deficiencies at time of survey.

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to provide evidence of a negative examination on an annual basis for 1 out of 5 sampled employees (D).

Findings included:

Record review of Employee D's file revealed that the last test was negative and dated . The facility failed to provide evidence of a negative examination on an annual basis for Employee D.

On at 1:50 pm during exit conference Employee A stated that she would let the Administrator of the facility know that Employee D has an expired statement.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to ensure that 1 out of 5 sampled employees (D) received the initial 4 hours of assistance with self-administration of medication training.

Findings included:

Record review of Employee D's file revealed that there was a copy of a 2 hours assistance with self-administration of medications training dated . The facility did not have a copy of the initial 4 hours assistance with self-administration of medications training.

On at 1:50 pm during exit conference Employee A stated that she would let the Administrator of the facility know that Employee D needs to bring a copy of her 4 hours assistance with self-administration of medications training to keep it in the personnel records.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Villa Margo Iii
3669 Sw 24 Terrace
Miami, FL 33145

RE: CCR #2015006181

Dear Administrator:

This letter reports the findings of a Complaint survey that was concluded 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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

XG90

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