STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964837	03/11/2016
NAME OF PROVIDER OR SUPPLIER **VILLA MARGO V**	STREET ADDRESS, CITY, STATE, ZIP CODE **3277 SW 22 TERRACE** **MIAMI, FL 33145**	

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

0000 Initial Comments

A Complaint Survey (CCR #2016000165) was conducted on and concluded on . Villa Margo V had the following deficiencies at the time of the survey:

0030 Resident Care - Rights & Facility Procedures

Based on interview and observation, the facility failed to respect residents rights by not treating residents with consideration. The facility failed to provide residents with convenient access to a telephone and failed to have a working air conditioning system for 4 out of 14 (Residents #5, #6, #13, #14) residents' .

Findings as follow:

On Residents #5, #6, #13, and #14 stated their had no air conditioning. Same residents also stated their air conditioner had been broken for about 6 months.

On 16 Residents #10, #13, and #14 stated the facility phone was broken.

On at 10:32 a.m. Staff B admitted #4 and #8 had the air conditioning broken for few months and added the facility phone was also broken.

On at 10:35 a.m. observed the air conditioning vent in #4 (Residents #5 and #6) and # (Residents #13 and #14) were not expelling air and observed the facility phone was not working.

On at 12:25 p.m., the facility's Administrator stated the air conditioning in #4 and #8 were not expelling air because the air conditioning conductors were clogged. Adding the facility had two air conditioning working systems.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to have a manager who meet the requirement of having the high school diploma.

Findings as follow:

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Record review showed the facility failed to have documentation of the high school diploma for facility's Manager (Staff B) hired on / .

On the facility's Administrator acknowledged the facility had no documentation of the high school diploma for the Manager (Staff B).

Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview, the facility failed to meet the minimum staffing hours to meet the residents' needs.

Findings as follow:

On at 10:20 a.m. observed 14 residents living in the ALF with Staff B.

Staffing schedule review showed, Staff B and C were scheduled to work on from 8 am to 8 pm:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Staff C	8 a 8 p	8 a 8 p	8 a 8 p	8 a 8 p	8 a 8 p	off	off
Staff B	8 a 8 p	8 a 8 p	8 a 8 p	8 a 8 p	8 a 8 p	8 a 8 p	8 a 8 p
Staff A	8 a 8 p	8 a 8 p	8 a 8 p	8 a 8 p	8 a 8 p	8 p 8 a	8 p 8 a
Staff B or C	8 p 8 a	8 p to 8 a	8 p 8a	8 p 8 a	8 p 8 a	off	off

On at 10:25 a.m. Staff B stated Staff C was out of facility, in the pharmacy. Staff B added, both, Staff B and C slept in facility.

On at 12:20 p.m. the facility's Administrator stated she knew Staff C went to the pharmacy in the morning to pick up a medicine, leaving Staff B, alone in facility with 14 residents.

Class III

0160 Records - Facility

Based on record review and interview the facility failed to have an up-to-date Admission and Discharge

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log.

Findings as follow:

Review of the Admission and Discharge log showed, Resident #15 was not in the log. The demographic sheet showed Resident #15 was admitted to facility on / /. Further review (notes in resident's #15 file) showed, resident was admitted to facility on / and sent to the Hospital on / /.

On at 12:50 p.m., the facility's Administrator stated, Resident #15 was admitted to facility on / and sent to the hospital on / for evaluation. The facility's Administrator said, Resident #15 did not return to facility from the hospital. The facility Administrator added, Resident #15 was not in the Admission and Discharge log because it was only for two days in facility.

Class III

Z814 Backgroung Screening Clearinghouse

Based on record review and interview the facility failed to register with the clearinghouse (Background screening website) and maintain the employment status for 3 out of 3 facility employees (Staff A, B, and C) within the clearinghouse.

Findings as follow:

Review of the Staffing schedule documented the facility has three Staff members (A, B, and C).

Review of the Background screening website for providers, documented, the facility had no a facility employees registered at the mentioned site.

On at 12:25 p.m. the facility's Administrator stated she did not know the facility needed to register the facility employees in the background screening website.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Villa Margo V
3277 Sw 22 Terrace
Miami, FL 33145
RE: CCR #2016000165

Dear Administrator:

This letter reports the findings of a complaint licensure survey that was concluded on , 2016 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** 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

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