| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964590 | 06/23/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>VILLA MARGO | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2978 SW 27 LANE<br>MIAMI, FL 33133 | |

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

**0000 Initial Comments**

A Standard Biennial Survey was conducted on , 2016 and concluded on , 2016. Villa Margo (Facility Lic #9348) had the following deficiencies identified at time of the survey:

**0030 Resident Care - Rights & Facility Procedures**

Based on observation and interview, the facility failed to ensure that 4 out of 7 sampled residents (Residents #2, 4, 5, 7) were treated with dignity, and treated with consideration and respect. The facility placed locks on residents' dressers preventing residents from accessing their personal belongings.

Findings included:

On during facility tour between 9:05 AM and 9:30 AM observed in resident's to have locks, restricting resident to access personal belongings.

On at 9:25 AM Interview with Staff B, said "I placed locks on dressers because the residents like to take things out and keep them disorganize."

Class III

**0052 Medication - Assistance with Self-Admin**

Based on observation and interview, the facility failed to ensure that 1 out of 4 sampled sampled staff (Staff B) followed the correct steps when assisting 1 out of 7 (Resident #7) sampled residents with self-administration of medications.

Findings included:

On at 1:19 PM, Staff B was observed assisting Residents #7 with self administration of medication. Staff B handed the medication without telling the resident the name of the medication, then resident walked away, and staff did not ensure if resident took the medication.

On at 1:28 PM, Staff B acknowledged, she did not watch the resident swallow the medications, because she knows resident always takes her medication without any problem. Staff B said she usually tells the resident the name of the medication, but that this time she forgot.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| NAME OF PROVIDER OR SUPPLIER<br>VILLA MARGO | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2978 SW 27 LANE<br>MIAMI, FL 33133 | |

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

**0120 Fiscal - Financial Stability**

Based on record review and interview, the facility failed to have complete income and expense records for the last three months to show financial stability.

Findings included:

Record review on revealed the facility did not have the income and expense records for the previous three months.

Interview on at 4:30 PM, the Administrator revealed that she kept the financial records at home, and did not have the last three months financial statements available in the facility.

Class III

**0152 Physical Plant - Safe Living Environ/Other**

Based on observations and interviews, the facility failed to provide a safe and decent living environment for facility residents. The facility did not maintain the physical plant conditions in accordance with statute 429.28(1)(a), F.S.

Findings included:

On between 9:05 AM and 9:30 AM, the following conditions were observed during a tour of the facility:

Resident # above his bed ceiling had yellow stains, paint was peeling, and there was a hole on the wall where water drips.
Observed backyard to have clutter and potential hazardous materials in the facility.

On at 9:23 AM, Resident #6 said water drips bother him at night.

On at 4:30 PM, the Administrator acknowledged that the ceiling was in disrepair, and stated that the ceiling is in the process of being fixed. She further stated that they are working on the removal of the clutter in the backyard.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Villa Margo
2978 Sw 27 Lane
Miami, FL 33133

Dear Administrator:

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

XG90

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