STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967808	07/19/2016
NAME OF PROVIDER OR SUPPLIER **VILLA MARGO VI INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2820 SW 34 AVE** **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 . Villa Margo VI Inc. with a Standard License (# 11863) had the following deficiency at the time of the survey:

0079 Staffing Standards - Levels

Based on record review and interview, the facility failed to maintain minimum staff hours per week for the current resident census of 6.

Number of Residents	Staffing Hours Weekly
6-15	212

Findings Included:

On at 7:06 AM during the entrance and tour there were 6 residents in the facility.

On / at 10:00 AM during the review of the weekly work schedule, it showed that the facility failed to reflect an accurate 24 hour staffing pattern and failed to maintain minimum staff hours per week (212 hours) for the current resident census of 6.

-Staff A was schedule to work from 9:00 AM to 4:00 PM Monday to Wednesday and from 7:00 AM to 7:00 PM Thursday to Saturday and Sunday off.
-Staff B was scheduled to work from 7:00 AM to 7:00 PM Sunday to Saturday and Thursday off.
-Staff C was schedule to work from 7:00 PM to 7:00 AM Sunday to Thursday.

On at 12:30 PM with the Administrator stated that she thought that the staff schedule was fine, but she was going to correct it as soon as possible to reflect the 212/hours weekly.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Villa Margo Vi Inc
2820 Sw 34 Ave
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

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