STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964403	10/18/2016
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#2016010231) was conducted on , 2016. Villa Margo III (license # 9043) with Limited Mental Health component had deficiencies at the time of the survey.

0161 Records - Staff

Based on record review and interview the facility facility failed to maintain a copy of the employment application with references furnished for 1 out of 7 sampled staff (Staff D).

Findings included:

Personnel record review of the facility's manager (Staff D) revealed that the application had no furnished references and no employment history.

On / / at 2:40 pm the Administrator stated over the phone that he will complete the employment application for the with the references and the employment history.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview the facility failed to report an adverse incident to AHCA for 1 of 5 sampled residents (Resident #1) that and sustained a that required stitches.

Findings included:

On at 10:21 am Resident #1 stated " I had 5 internal stitches and 16 external stitches; that is what the doctor said. I had been here for a few days. I was looking for something in the closet and I backwards. When I finished landing I must have hit my arm with the wheelchair. It was at the end of I saw the flowing and then I called the workers and they came. They called the ambulance, the rescue took me to the hospital."

Record review revealed that the facility filled out an internal incident report after Resident # 1 and sustained a that required that the resident was transported to the hospital to get stitches in her .

On / at 2:20 pm the Administrator stated over the phone that he thought that he had sent the

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SUMMARY STATEMENT OF DEFICIENCIES
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report to agency of health care administration (AHCA).

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Villa Margo Iii
3669 Sw 24 Terrace
Miami, FL 33145
RE: CCR #2016010231

Dear Administrator:

This letter reports the findings of a Complaint licensure survey that was conducted on 18, 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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