STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964308	11/01/2016
NAME OF PROVIDER OR SUPPLIER **VILLA MARGO II**	STREET ADDRESS, CITY, STATE, ZIP CODE **2930 SW 38 COURT** **MIAMI, FL 33134**	

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

0000 Initial Comments

A complaint inspection Survey (CCR#2016009773) was conducted on / / . Villa Margo II with a standard license (#9221) had deficiencies identified at the time of the survey:

0055 Medication - Storage and Disposal

Based on observations and interview the facility failed to ensure that stored medications were kept locked at all times.
Findings included:
Observation on / / at 8:15 A.M showed that Staff walked to the cabinet where medication was stored, located near to the kitchen, and closed the open door but did not lock it.
During an interview on / / at 8:15 A.M, Staff B stated that the cabinet was the medication cabinet, and that it was open.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe and clean living environment to facility residents.
Findings Included:
During the facility tour on / / at 8:21 A.M., observed peeling wall paper in the living , in # and #.
On / / during the exit conference, the Administrator acknowledged the deficiencies.
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Villa Margo Ii
2930 Sw 38 Court
Miami, FL 33134

RE: CCR #2016009773

Dear Administrator:

This letter reports the findings of a complaint state 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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