RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Villa Margo Iii
3669 Sw 24 Terrace
Miami, FL 33145

RE: CCR #2016012546 and 2016012540

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964403	**11/02/2016**
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 Investigation survey CCR # 2016012546 and 2016012540 was conducted on 11/02/2016. Villa Margo III with Limited Nursing Services and Limited Mental Health services component, (License #9043) had deficiencies found at the time of survey.

0025 Resident Care - Supervision

Based on record review and interview, the facility did not provide care and services appropriate to meet the needs for one out of eleven residents (Resident #2).
Findings Include:
Review of Resident #2's record document that she was admitted to the facility on . The Health Assessment dated indicated she has a diagnosis of and needs supervision with ambulation, , toileting, transferring and assistance with bathing, dressing and eating.

Interview conducted with Resident #2 on / / at 1:55 PM stated "I have problem with my . My is dropping and twisting to the left side. I am from my . I have . I do not receive treatment for that."

Interview conducted with Staff B, caregiver on / at 1:30 PM stated "Resident #2 has been complaining about that her is dropping and she is from her for a long time. She called me sometimes to showed me the . I observed some spots in the toilet. She said that she had . She is not receiving treatment for that. I do not know if her physician was notified at any time."

Class III