STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967672	01/26/2017
NAME OF PROVIDER OR SUPPLIER VILLA MARGO VII INC	STREET ADDRESS, CITY, STATE, ZIP CODE 531-533 NW 34 AVE MIAMI, FL 33125	

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

0000 - Initial Comments

A License Capacity Increase Survey was conducted on 01/26/17. Villa Margo VII with a Standard license #11699 had the following deficiencies at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interview, the facility failed to provide a safe living environment to the residents by failing to ensure that staff medications were secured.

Findings included:

On / at 8:25 am, upon arrival to the facility found unlocked prescribed medications (plastic bottles) on top of the living which belonged to Staff C (caregiver). The medications were , Aspinem , and 50 mg. The facility failed to ensure that staff medications were secured and away from resident areas.

On / at 8:27 a.m. Staff C (caregiver) stated, "this is my medications."

During exit interview on / at 11:05 a.m. the facility's Owner acknowledged that facility do not have locked medication storage where to kept staff medications.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to ensure that all existing architectural and structural system is maintained in a good working order.

Findings included:

On / at 8:25 a.m. found the facility was under architectural and structural construction. The facility had two residents living in the home, many hazards such as paint, electric tools, wood, electric cables were observed in resident areas. The living mattresses, dresser, chest and other furniture. The facility was in disarray.

During a phone interview on / / at 8:32 a.m. the Owner stated, "the facility is not ready for the inspection because it is under construction to expand the living area."

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NAME OF PROVIDER OR SUPPLIER **VILLA MARGO VII INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **531-533 NW 34 AVE** **MIAMI, FL 33125**	

SUMMARY STATEMENT OF DEFICIENCIES
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During an exit conference on 01/26/17 at 11:05 a.m., the Owner and administrator revealed that the facility was under construction to created space for 8 beds, painting, connecting air conditioner vent in different areas, kitchen, living room and rooms.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Villa Margo Vii Inc
531-533 Nw 34 Ave
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a License Capacity Increase survey that was conducted on , 2017 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 , 2017.** 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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