STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932440	**05/25/2017**
NAME OF PROVIDER OR SUPPLIER **ST MARK'S VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **3381 NW 194 TERRACE** **MIAMI, FL 33056**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on and concluded on . St Mark's Villa, license #8093, had deficiencies identified at time of the survey.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review, and interview, the facility failed to ensure all the resident's medications were filled in a timely manner for one out of six sampled residents (Resident #1).

Findings Include:

Review of the facility's , (2017) medication observation records (MORs) on at 10:00 AM showed 4 mg and , 20 mg (ordered to take one tablet daily) was listed for Resident #1.

Observation of Resident #1's medications in the facility showed that 4 mg and , 20 mg was not available for review.

Interview conducted on at 12:08 PM, the Administrator stated "Staff B took the medication containers to the hospital to fill it. I do not know at what time he will arrive."

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observation, record review, and interview, the facility failed to have at least one staff present (Staff C) at all times trained in and First Aid.

Findings include:

Observation on at 10:10 AM showed Staff C was alone in the facility with six residents.

Record review showed Staff C did not have First Aid and Training. Staff C was hired on .

Interview conducted on at 12:08 PM, Administrator confirmed the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **ST MARK'S VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **3381 NW 194 TERRACE** **MIAMI, FL 33056**	

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

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review, and interview, the facility failed to have proof of a satisfactory annual fire inspection.

Findings Include:

Review of the facility records on at 11:30 AM revealed the facility's last fire inspection was dated .

Interview conducted on at 12:45 PM, the Administrator stated that the facility had a current fire inspection but she was unable to provide the documentation at time of the survey.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932440	**05/25/2017**
NAME OF PROVIDER OR SUPPLIER **ST MARK'S VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **3381 NW 194 TERRACE** **MIAMI, FL 33056**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review, and interview, the facility failed to register the employees in the clearinghouse for three out of three (Staff A, B and C) sampled staff.

Findings Include:

Observation on at 10:10 AM showed Staff C was in care of the residents and providing personal services to them.

Clearinghouse review showed that the facility did not register any employees listed.

Interview conducted on at 12:50 PM, the Administrator stated that she did not register any employees in the clearinghouse.

Unclassified