STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964403	R 07/26/2017
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 Standard Biennial Revisit Survey was conducted on 07/26/17. Villa Margo III (license # 9043) with Limited Nursing Services and Limited Mental Health had the following deficiency found a time of the survey:

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed an incident report for 1 of 12 sampled resident that eloped from the facility (Resident # 13).

Findings included:

Review of the incident/ accident report book revealed that a one-day incident report was filed with AHCA on for Resident #13 who eloped from the facility on . The facility did not have the completed 15 day incident report completed for Resident #13 who eloped on .

The 1 day incident report documented that on at 11:30 AM Resident #13 told the caregiver that she was going to go to the corner store. After two hours that she did not come back, the caregiver informed the Administrator. On the weekend supervisor advised the administrator that resident had not come back and they called the police and at 8:00 AM.

On at 8:25 AM Staff A stated that the police called last night to ask if resident came back and she never came back to the facility.

On at 8:36 AM during a phone interview with the Administrator, she stated that the guardian for this resident was informed of this incident. She stated that she filed the one day and fifteen days incident report but she could only print the one day and the fifteen day the computer froze and she could not print it.

Uncorrected Class III