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| STATEMENT OF DEFICIENCIES                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11964403</b>            | (X3) DATE SURVEY COMPLETED<br><br><b>08/22/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VILLA MARGO III</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3669 SW 24 TERRACE<br/>MIAMI, FL 33145</b> |                                                     |

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

**0000 - Initial Comments**

A monitoring survey to check on resident welfare was conducted from \_\_\_\_\_ and concluded on \_\_\_\_\_. Villa Margo III with a Limited Mental Health component (license #9043) had the following deficiencies at time of the survey:

**0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC**

Based on observation, record review, and interview, the facility failed to ensure that 1 out of 13 sampled residents was received \_\_\_\_\_ care (#1) as order by the health care provider.

Finding included:

On \_\_\_\_\_ at 10:30 A.M. during the tour observe in \_\_\_\_\_ # Resident #1 lying down in bed with tube exposed.

During an interview on \_\_\_\_\_ at 11:00 A.M. Resident #1 stated "I needed to change my every month and the last time was over a month when they sent me to the hospital. I do not have a nurse."

Record review showed Resident #1's health assessment dated \_\_\_\_\_ had a medical history and diagnoses of \_\_\_\_\_, major \_\_\_\_\_, \_\_\_\_\_ Resident #1's progress note showed on \_\_\_\_\_, the resident was sent to for removal of \_\_\_\_\_.

During a phone interview on \_\_\_\_\_ at 9:23 A.M., a Resident #1's primary doctor stated that he ordered to change Resident #1 \_\_\_\_\_, one time a month.

Class III

**0079 - Staffing Standards - Levels - 58A-5.019(3) FAC**

Based on observation, record review, and interview, the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

Observation on \_\_\_\_\_ at 10:25 A.M. revealed Staff A and B were in the facility taking care for a census of 13 residents.

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 09/25/2017  
FORM APPROVED

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>VILLA MARGO III</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3669 SW 24 TERRACE<br/>MIAMI, FL 33145</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                        |                                                     |
| <p>Review of facility's staffing schedule posted in bulletin board showed that on Friday                      Staff B was off and Staff C was scheduled to work from 6:00 A.M. to 2:00 P.M.</p> <p>During an interview on                      at 1:27 P.M., Staff A stated that Staff C was on vacation.</p> <p>Class III</p> <p><b>D152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC</b></p> <p>Based on observation and interview, the facility failed to supply residents with a table or nightstand to keep personal belongings or clothes and bedside lamp or floor lamp.</p> <p>Findings included:</p> <p>On                      at 10:30 A.M. during the facility tour observed                      #1, #2, #3, #4, #5, #6 did not have table or nightstand, bedside lamp or floor lamp; each                      occupied by two residents.</p> <p>On                      at 10:32 A.M. Staff B stated, "the                      are too small and we do not have space for the nightstand; none of the                      has nightstands."</p> <p>Further observations in a hallway was a locked closet with transparent plastic box with resident's names that contained their personal hygiene products.</p> <p>Staff B stated, "we keep resident hygiene product in here, and we provided this product to them in the morning."</p> <p>Class III</p> |                                                                                        |                                                     |