STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967808	**04/30/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA MARGO VI INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2820 SW 34 AVE** **MIAMI, FL 33133**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Villa Margo VI Inc. (License #11863) had the following deficiencies found at the time of the survey:

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview the facility failed to follow the proper procedure outlined by the state when assisting residents with self-administration of medications to two out of six sample residents (Resident#1 and #4)

Findings included:

On at 8:16 AM Staff B stated that she had already placed the medications inside the cup for these residents because she was getting ready to give the medication to them when the Agency staff arrived

Medication pass observations on at 8:30 AM found Staff B started taking Resident #4's medications out of the cup one by one placing them into the staff member's hand then placed Resident #4's medication into the resident's mouth. Resident #4's medications included , 0.25 mg, 500+D 500+D, 10 mg, 25 mg, 600 mg, , 20 mg, and 10 mg.

When Staff B was asked why she placed the medications in Resident #4's mouth, she stated that she did that to make sure that they takes their medication.

On at 8:38 AM the medication was taken out of the unlocked cabinet located in the office by Staff B. The medications were , 0.5 mg, , 25 mg, Copidrogel 75 md, , 400 mg, 200 mg, , 10 mg, SOD 100 mg, and , 600 mg.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview the facility failed to keep centrally stored medications for the residents locked up at all times.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967808	**04/30/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA MARGO VI INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2820 SW 34 AVE** **MIAMI, FL 33133**	

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

Findings included:

On . . . . . at 7:35 AM arrived to the facility, observed a wooden cabinet located in the office with the residents' medications unlocked.

On at 7:40 AM Staff B stated the reason why the cabinet was unlocked was because she was in the process of giving the medication to all the residents.

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:

On . . . . . at 7:35 AM arrived to the facility, observed Staff B alone in the facility at the time of the survey taking care of six residents.

On at 11:55 AM the Administrator stated that the reason why the schedule was not posted was because she had not printed it and that she was going to do it as soon as the printer could work.

The schedule for the current week was not posted. Record review revealed Staff B was scheduled to work from Monday to Saturday from 7:00 AM to 7:00 PM for the month of , and Staff A was scheduled to work from Monday to Saturday from 9:00 AM to 5:00 PM.

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview the facility failed to have a surety bond with the minimum bond proceeds that equal twice the value of the residents' monthly aggregate income for three out of six sampled residents (Resident ##1, #3, and #5).

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967808	**04/30/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA MARGO VI INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2820 SW 34 AVE** **MIAMI, FL 33133**	

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

On at 11:00 AM residents (#1, #3, and #5) interviews revealed the facility was the payee for them and that the monthly payments for the residents went directly to the facility's bank account. The Administrator stated that the facility does not have a surety.

Record review revealed that the monthly payment for the three residents were as follow: $747.00, $753.00, and $770.

Class III