STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966801	**10/16/2018**
NAME OF PROVIDER OR SUPPLIER **MARGREG FACILITIES CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **12412 SW 213 TERRACE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on and concluded on . Margreg Facilities Corp with limited mental health component license #10954, had the following deficiency identified at the time of the survey:

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have documentation of a negative annual examination verification for one out four sampled staff (Staff B).

Findings included:

A review of Staff B's employee file showed the staff was hired on and the last freedom communicable include negative statement was completed on .

On at 2:57 PM the Administrator stated "I did not noticed the staff had the examination expired, and I will review the examination document and provide a current physical examination to the Agency."

Class III