| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964298** | **12/10/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**VILLA MARGO I** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3644 SW 22 TERRACE**<br>**MIAMI, FL 33145** | |

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

**0000 - Initial Comments**

An Abbreviated Biennial Survey was conducted on . . . . . , . . . Villa Margo I Inc. with a Standard, License Number 8909, had the following deficiencies identified at the time of the survey:

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

Based on observation and interview, the facility failed to keep over the counter medications in a secure place out of the reach the residents.

Findings included:

On . . . . . , . . . at 7:15 AM, observed inside unlocked empty bedroom, over the counter medications inside a drawer. , extra strength 16 lozenges and , 18 lozenges. There was a resident seating outside the room door in the living area.

On . . . . . , . . . at 7:15 AM, the Owner stated, "I do not understand how this was left here."

Class III

**0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC**

Based on record review and interview, the facility failed to assure that the Assistant Administrator (Manager) was not also assigned at another facility as the Manager, (Staff D).

Findings included:

Review of the facility's roster in the system showed Staff D as the Assistant Administrator effective and also Assistant Administrator for another facility effective .

On , at 12:40 PM, the Owner stated, "We will correct the manager situation, she needs to pass the core training anyway."

Class III

**0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964298** | **12/10/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**VILLA MARGO I** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3644 SW 22 TERRACE**<br>**MIAMI, FL 33145** | |

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

Based on observation and interview, the facility failed to maintain the property free of hazard for seven residents and staff.

Findings included:

On , at 7:30 AM, observed outside on the of the facility, a structure without roof or doors containing large amount of construction debris, supplies, and boxes stored.

On , at 7:30 AM, Staff C stated, "They are going to do 4 bathrooms and 4 rooms." According to the Owner, they expect to start construction in 2019 and finish by .

Class III