STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966131	10/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amegab Home Care	1145 Sw 74 Court Miami, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on . Amegab Home Care had deficiencies at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, interview and record review the Assisted Living Facility failed to limit the use of physical to half-bed rails as well as to have the written physician order for the use of half-bed rail and to have consent of the resident or resident's representative for the use of half-bed rail for four out of four sampled residents (#1, #2, #3 and #4).

Findings include:

1. Observation during tour of the facility on at 1:37 p.m. revealed that resident #1's bed has attached a full bed rail, resident #2's bed has attached a half bed rail, resident #3's bed has attached a full bed rail and resident #4's bed has attached a full bed rail.

2. Caregiver_A revealed on at 2:45 p.m. that resident #1 uses full bed rail up while on bed and resident #2 uses half-bed rail up while on bed.
Caregiver_A revealed on at 2:46 p.m. that resident #3 uses full bed rail up while on bed.
Caregiver_A revealed on at 2:47 p.m. that resident #4 uses full bed rail up while on bed.

3. Record review for resident #1's file revealed that there was a doctor order for the use of half bed rail dated and signed on and a consent for the use of half-bed rail dated and signed on .
Record review for resident #2's file revealed that there was a doctor order for the use of half bed rail dated and signed on and a consent for the use of half-bed rail dated but it was not signed.
Record review for resident #3's file revealed that there was not doctor order for the use of half or full bed rail neither a consent for the use of half or full bed rail.
Record review for resident #4's file revealed that there was not doctor order for the use of half or full bed rail neither a consent for the use of half or full bed rail.

Class III

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

Based on record review and interview the Assisted Living Facility failed to document that staff was freedom from on annual basis on personnel record for one out of two sampled staff (LPN_A).

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Findings include:

1. Record review of personnel record of LPN_A revealed that documentation of freedom from was on .

2. Owner acknowledged findings on at 3:20 p.m.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview the Assisted Living Facility failed to maintain documentation of the qualification of nurse providing limited nursing services in the facility personnel's file for one out of two sampled staff (LPN_A).

Findings include:

1. Record review of personnel record of LPN_A revealed that nurse professional license expired on .

2. Owner acknowledged findings on at 3:20 p.m.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2013

Administrator
Amegab Home Care
1145 Sw 74 Court
Miami, FL 33144

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after 11/28/2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90