

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/11/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965543	(X3) DATE SURVEY COMPLETED 11/12/2013
NAME OF PROVIDER OR SUPPLIER Amigos Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 5701 Northwest 110th Street Hialeah, FL 33012	
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

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Services Monitoring survey was performed at Amigos ALF on 2013. Amigos ALF had a deficiency identified at time of survey.

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

Based on observation, record review and interview facility failed to honor resident's rights for 1 out of 2 sampled residents (# 1).

Findings include:

Observation on 11/12/2013 at 8:40 am during tour revealed that resident # 1 was laying in bed and had half side rails in the bed.

Record review revealed that last prescription for side rail was written on 11/12/2013. Record review also revealed that there was no consent for side rail in the resident's file.

Administrator on interview on 11/12/2013 at 9:30 am stated that resident is under guardianship program and it takes a long time to get the consents from them and that the doctor will send the new prescription for side rail tomorrow.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Amigos Alf
5701 Northwest 110th Street
Hialeah, FL 33012

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 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

