STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966131	12/23/2013
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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D

Specific Tag Findings:

0000-Initial Comments

An unanounced Standard Biennial survey was conducted on , 2013. Amegab Home Care had deficiencies found at time of survey.

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

Based on record review and interview facility failed to document freedom from on an annual basis for 1 out of 3 sampled staff (# B).

Findings include:

Record review of caregiver # B revealed that the last freedom from statement was done on .

Staff # B stated on interview on at 1 pm: "I just realized that my physical examination and test were done a year ago. I will see the doctor to have a new test done."

Class III

0082-Training - / 58A-5.0191(3) FAC

Based on record review and interview facility failed to complete a one-time education course on and within 30 days of employment for 1 out of 3 sampled staff (# C).

Findings include:

Record review of staff # C (hired on) did not have documentation of being trained in in her personnel record.

Facility owner (staff # B) on interview on at 1:10 pm stated: "I know she had the training I do not know why I do not have the certificate; I will call the instructor."

Class III.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure 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

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