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)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-12/23/2013
N277-Lns - Resident Care Standards-12/23/2013

Revisit Repeat Tags:
0078-Staffing Standards - Staff-58a-5.019(2) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced Follow Up to a Limited Nursing Services Monitoring survey was conducted on 23, 2013. Amegab Home Care had the following deficiencies.

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

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

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 revisit survey to a Limited Nursing Services (LNS) Monitoring conducted on , 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7