STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953247	08/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ama Home Care Inc	13720 Sw 108 Street Miami, FL 33186	
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 - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was made on . Ama Home Care Inc. had the following deficiencies at the time of the visit.

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

Based on record review and interview the facility failed to have documentation of freedom from communicable for 1 of 6 (#1) facility staff.

Findings as follow:

Record review showed staff #1 (administrator) had no statement cerifying freedom from communicable including .

On at 12 noon the facility administrator stated the freedom from communicable statement for staf ...isplaced.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview the facility failed to perform at least 2 elopement drills per year.

Findings as follow:

Record review showed the facility failed to have documentation of having perfo opement drills per year. Record review documented the facility last elopement drill was performed on .

On at about 12:00 noon the facility administrator confirmed the facility failed to perform the required elop s per year (2).

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview the facility failed to have documentation of the level II background screening for 1 of 6 (#6) facility staff.

Findings as follow:

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	AL11953247	08/20/2014
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Record review showed the facility failed to have documentation of the level II background screening results for staff #6, (hired on). Record review (receipt) documented the Level II background screening for staff #6 was performed on .

On at about 11:00 a.m. the facility administrator stated the Level 2 background screening results for staf ...isplaced.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ama Home Care Inc
13720 Sw 108 Street
Miami, FL 33186

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 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, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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