STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966131	05/11/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Monitoring Survey was conducted on /. Amegab Home Care Inc. had the following deficiencies found at the time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review and interviews, it was determined the facility failed to honor resident ' s rights to live in a safe and decent living environment by making five out of ten elderly residents (Residents #6,7,8,9, and 10) live in an unlicensed portion of the assisted living facility free from clutter with access do adequate supervision

The findings included:

Interview on /. at 10:00 AM Staff B, stated, "The back portion of the property is private and we do not have access to it." Staff B stated, she did not know who lived in that portion of the property.
Interview on /. at 10:15 AM, the owner reported that, she did not know too much about the back portion of the property because the mortgage was under her mother's name. Her mother on 2014 and she has not had the time to do all the necessary paperwork to transfer the property to her name. The owner went on to say she knew a couple was living in that part of the facility and that they were working. She stated she did not have the phone number to contact them and did not have the key to grant us access to the place.
Around 10:35 AM on /. , Resident #6 was found sitting outside the back portion of the property. Resident #6 reported " I have been living in this facility for over a year with the other four ladies. "
Observation of the two story dwelling on /. at 10:30 am, revealed five female residents living in the back portion attached to the assisted living facility. There are three beds with four elderly ladies lounging on the first floor. Resident#8 was observed with a broken arm and reports she out of the bed on Saturday , 2015. Resident #8 went on to say that she cannot walk very well and which is the reason she l out of the bed.
Observation of the first floor /. at 10:35 am found Caregiver C hiding in the shower. The caregiver stated: " I am covering for the main caregiver. I do not have any government documents to legally work in the United States. I have been working in the Assisted Living Facility (ALF) for less than a month. I just come to cover the other lady who works here. Caregiver reported, I have not received any training to work in an ALF and I have never gone for a Level II Background screening. Caregiver C stated, after 5:00 PM there is no one at this portion of the facility and if something happens, the residents have to yell or call to get someone from the licensed portion for assistance.
On /. at 10:40 AM Resident #6 stated, "I have been living in this Assisted Living Facility (ALF) for over a year. My son comes to see me once in a while. The food is brought to us in a small box, along with a nurse who comes over to give me my medication, three times a day."

On /. at 10:40 AM Resident #7 stated, " I have been here for over a year, my nephew is the only one who is in contact with me. We only talk on the phone. My food and my medication are brought to me every day but I do not know by whom, I just know that I get it three times a day.

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0025 Continued From page 1

On ../.. at 10:48 AM Resident #8, stated, " I have been in this ALF for a year together with my mother, (Resident #9). I broke my arm because I fell from the bed in the middle of the night. The caregiver, I do not know who, from the front portion of the facility heard us screaming and called 911. I was taken to the local hospital. Somebody brings us the food and the medication three times a day."

On ../.. at 10:52 AM Resident #9, stated, " I have been here also for almost a year together with my daughter, Resident #8 " .

Observation of the second floor on ../.. at 10:52 AM revealed two beds with Resident #10 lying down in one bed. Resident #10, stated, " I have been living at this ALF since 2011, in this facility, the residents can take care of themselves. The residents who need more care are in the front of the facility. I was placed here by my guardian. Someone brings me my medications, but I do not know who "
On ../.. at 11:21 AM the owner, confirmed the residents living in the back portion of the facility belong to the ALF and their files and medication are at her private home. She stated, she is the one giving the residents their medication and the meals are provided by the ALF, the owner stated; "you caught me, I have nothing else to say."

Resident record review revealed, Resident #6, admitted ../.., health assessment dated ../.., diagnosed the resident with Type II, ... The examining physician documented the needs of the resident can be met in an Assisted Living Facility.

Resident #8, admission date unknown, health assessment, dated ....., diagnosed with ..... The examining physician documented the needs of the resident can be met in an Assisted Living Facility. The resident was also assessed as a ..... Risk.

Resident #9, admitted ../.., health assessment, dated ....., diagnosed the resident with Type II, ..., Chronic Kidney ..... The examining physician documented the needs of the resident can be met in an Assisted Living Facility.

Resident #10, admitted ....., health assessment dated ../.. diagnosed the resident with ....., Chronic ..... The examining physician documented the needs of the resident can be met in an Assisted Living Facility

Record review of resident #6, 7, 8, 9 and 10's record revealed the resident agreement, smoking policies and procedures, exit policy, rights as a resident to choose your health care provider, consent to release personal information, policy on reporting Medicaid fraud, refusal to follow therapeutic diet, bed hold policy, beneficiary designation form, acknowledgement of statement, storage of valuables policy, ALF policies, emergency contact, conflict of interest policy, ... & advance directives policy were signed and dated by the resident or his representative, as if the resident were residing in a regular Assisted Living Facility. The files were complete.

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SUMMARY STATEMENT OF DEFICIENCIES
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0025 Continued From page 2

On / at 1:30 PM during an interview with the owner, she stated, that she acknowledged that the facility was over capacity and that the facility had to discharge the residents, so they could comply with the agency.

Class I

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations, and interview the facility failed to ensure centrally stored medications are kept locked, locked cart, or other locked storage receptacle, , at all times.

Findings included:

Observation on / at 10:30 AM during tour of the facility found there is an unlicensed area where other five additional residents were living. There was no medication kept for the five residents.

On / at 10:40 AM interview with the five residents, they all stated that; they take their medication in the unlicensed facility, a lady comes three times a day with the medication. They did not know where that medication came from.

On / at 11:30 AM on an interview with the Owner she stated that; with reference to the medication for the five residents in the back; the medication is given by the care giver from this facility, the medication and medication observation record(MOR) are at my house, because I bring the medication every day to this place. The owner brought the medication back to the facility from her house. The medication was in a topper ware bin. Inside the bin had individualized for all the residents.
Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on observation, record review and interview the administrator failed to ensure constant supervision five out of ten sampled residents, whose needs can be met in an Assisted Living Facility (ALF). This was evident by making five residents live in an unlicensed portion of the property.

Findings included:

Observation on / at 10:00 AM during the tour of the facility was observed a back portion of the property with access from inside outside of the facility. The access to the back portion was observed with heavily locked with chains and padlocks. During an interview on / at 10:00 AM caregiver B stated, that side of the building was rented and they had no access to the facility. The care giver stated, she did not know the people living there.

On / at 10:15 AM, the owner arrived and stated that, she did not know too much about that part of the

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SUMMARY STATEMENT OF DEFICIENCIES
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0077 Continued From page 3

property because the mortgage of the property was under her mother's name and that she in 2014. She stated, she had not had the time to do all the necessary paper work to have the property transferred under her name. The owner stated, she knew that there was a couple living in that portion of the facility and that they were working at that time. She did not have the phone number to contact them, or the key to grant us access to that portion of the facility.

Observation of the back portion of the facility on / at 10:30 AM, revealed Resident #6 sitting in the back yard. Interview with Resident #6, 7, 8, 9 and 10 found living in the unlicensed portion of the facility, revealed they had been instructed not to go to the front part of the facility if an agency inspector arrived. Interview also confirmed that the residents had a caregiver employed by the Assisted Living Facility's administrator and that person provided care for them during the day until 5:00 PM; after that time the residents depended only of the care giver who works the night shifts at the licensed portion of the facility.

On / at 11:21 AM, the owner stated, she would bring all the medication for the five residents living in the unlicensed portion of the facility from her personal home. The caregiver on duty would then take the medication to the unlicensed portion of the facility. Also, during the record review it was noticed that the Medication Observation Record (MOR), was not signed and kept up to date.

On / at 11:21 AM during an interview with the owner, she stated, "you caught me, I have nothing else to say."

Class I

Z827 - Unlicensed Activity - 408.812, FS

Based on observation and interview the assisted living facility failed to obtain a licensure capacity increase prior to providing personal care, meals, and assistance with self-administration of medication to five out of ten residents. The facility provided services to more than they were licensed to provide. The facility's licensed capacity was six.

Findings Included:

During an interview on / at 10:00 AM, during the initial tour with Staff B, she stated that the back portion of the property was private and that she did not have access. She stated, she did not know who lived there.
On / at 10:15 AM on /, the owner arrived to the facility and stated she did not have access to the back portion of the property. She stated that, she did not know too much about that because the mortgage of the property was in her mother's name and she on 2014. She went on to say she had not had time to do all the necessary paper work to have the property transferred to her name. She stated, she knew that there was a couple living in that portion of the facility and that they were working at that time. She did not have the phone number to contact them, or the key to grant us access to that portion of the facility.
Around 10:35 AM, on /, Resident #6 was found sitting outside and when interviewed she stated; I have been

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Z827 Continued From page 4

living in this facility for over a year with the other four ladies.
On / at 10:30 AM, Five female residents (Residents #6 - 10) were found living in a two story section of the house attached to the Assisted Living Facility (ALF). Upon entrance, there were three beds with four elderly ladies lying down watching television on the first floor. Resident#8 was observed with a broken arm and states she out of the bed on Saturday , 2015. Resident #8, states she can't walk very well and that is why she out of the bed.

Observation of the first floor / at 10:35 am revealed a Caregiver C hiding in the shower. Caregiver C reported "I am covering for the main caregiver and does not have government documents to legally work in the United States. I have been working in the ALF for less than a month. I just come to cover the other lady who works here." Caregiver C reported, I have not received any training to work in an ALF and I have never gone for a Level II Background screening.

On / at 10:40 AM Resident #6 stated, "I have been living in this ALF for over a year. My son comes to see me once in a while. The food is brought to us in a small box, along with a nurse comes over and gives me my medication, three times a day " .

On / at 10:40 AM Resident #7 stated, "I have been here for over a year, my nephew is the only one who is in contact with me. We only talk on the phone. My food and my medication are brought to me every day but I do not know by whom, I just know that I get it every day. "

On / at 10:48 AM Resident #8, stated, "I have been in this ALF for a year together with my mother, (Resident #9); I broke my arm because I from the bed in the middle of the night. The caregiver, I do not know who, from front portion the facility heard us screaming and called 911. I was taken to local hospital. Somebody brings us the food and the medication three times a day."

On / at 10:52 AM, Resident #9 stated, "I have been here also for almost a year together with my daughter, Resident #8."

Observation of the second floor, on / at 10:52 AM, revealed there are two beds with Resident #10 resident lying down in one of the bed. Resident #10, stated, "I have been living at this ALF since 2011, in this facility; the residents can take care of themselves. The residents who need more care are in the front of the facility " .

On / at 11:21 AM the Owner, confirmed the residents living in the back portion of the facility belong to the ALF . Owner stated their files and medication are at her private home. She stated she is the one giving the residents their medication and the meals are provided by the ALF.

Record review of resident #6, 7, 8, 9 and 10's record revealed that residents had agreement, smoking policies and procedures, exit policy, rights as a resident to choose your health care provider, consent to release personal information, policy on reporting Medicaid fraud, refusal to follow therapeutic diet, bed hold policy, beneficiary

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SUMMARY STATEMENT OF DEFICIENCIES
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Z827 Continued From page 5

designation form, acknowledgement of statement, storage of valuables policy, ALF policies, emergency contact, conflict of interest policy, & advance directives policy were signed and dated by resident or his representative, referring to the ALF. The files were complete. Resident #6 admitted , Resident #7 admitted /_ /_ , Resident #8 admitted, Unknown, Resident #9 admitted /_ /_ , Resident #10 admitted .

Interview on /_ /_ at 11:21 am the owner stated; "you caught me, I have nothing else to say". The owner went on to say she would bring all the medication for the five residents living in the unlicensed portion from her private home to the facility on a daily bases. The caregiver on duty would then take the medication to the residents in the unlicensed portion.

On /_ /_ at 12:30 PM the Owner came to the office where we were sitting and stated; "Now that you know everything, it is okay for the residents that are in the back portion of the facility to come and eat all together " .

Class I

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Monitoring Survey that was conducted on , 2015 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a monitoring survey conducted on / , by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **five business days** of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0025 - 429.26(7) Fs; 58a-5.0182(1) Fac - Resident Care - Supervision S-S= Class I
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= Class III
St - A - 0077 - 429.176 Fs; 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= Class I
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= Class I

Directed Corrective Actions:

The Assisted Living Facility is required to provide documentation to the Miami Field Office indicating a plan for reducing the census in the facility at or below the licensed capacity. This plan must not violate the rights of any facility residents, including the right to a 45-day notice of discharge.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Laura Manville, Survey and Certification Support Branch, at (727) 552-1955 Kristal Branton, Health Facility Evauator Supevisor, 11, (305) 593-3100

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

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