STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966131	08/14/2015
NAME OF PROVIDER OR SUPPLIER **AMEGAB HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **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 , 2015. Amegab Home Care had deficiencies at time of survey as well as ongoing non compliance.

0010 Admissions - Continued Residency

Based on observation, record review and interview facility failed to have one out six residents evaluated for her appropriateness for for continued residency.

Findings included:

Observation during the tour of the facility on at 9:15 AM, found an Resident #1 in # laying bed which has a half bed rail attached. Resident #1 is awake but not alert and oriented.

Record review revealed that Resident #1's Health Assessment dated / , section 1 containing information pertaining to known , weight, and height were blank. Further review found the resident was diagnosed with , , , , , and . Resident #1 is labeled a precaution and need assistance with all levels of Activities of Daily Living (, Tioleting, Bathing, Ambulating, Dressing, Eating, and Transferring) Section D. of the Resident #1's Health Assessment states In your professional opinion, can this individual's needs be met in an assisted living facility, which is no a medical, nursing or facility? marked (YES).

Review of the Resident #1's progress notes from to states "Resident does not have any significant changes in her physical condition." On - notes states that "The resident continues; overall the same, fairly stable at this time."

On notes stated "Resident #1 continues the same, requires some assistance of physical activities, she is refusing to walk. (This was the first change in the residents condition). On "Resident remains well and stable, she has good appetite and sleeping patterns, (health deteriorating) another change in Residents physical condition."
On notes stated "Resident's doctor is referring her to Hospice, her son will contact Hospice to commence services, she is tranquil, requires much assistance. Another physical significant change in the residents condition." On notes states "Resident has been doing fine and remains with Hospice, and overall stable at this time." On notes states "Resident remains the same, slowly aging, requires much assistance, continues or Hospice services, good appetite."

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At the time of the monitoring survey on there were no more progress notes for Resident #1. The facility nor Resident #1's son ever notified any Hospice services to take care of this Resident at any time. There were no documents in the facility showing any evidence that a hospice agency had ever been contacted for this resident. The facility failed to have the resident removed from the residence and placed in a proper facility who could serve the Residents needs at this time as her condition has gotten worse.

Interview with the Owner on after her arrival to the facility at 10:30 am, confirmed Resident #1 no longer met residency criteria.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based observation facility failed to provide and clean and safe environment for the safety of the current residents living at the facility at the time of the survey.

Findings included:

1. Observation on at 9:20 AM found the following physical plant concerns.
-The patio floor area on the left side of the outside door next to the wall observed three open holes without covers (photo taken).
-On the left side of the patio floor area observed eight broken floor tiles next to a floor rug. Another section of the floor had three more broken floor tiles (Photo taken.)
-Behind a locked gated area of the patio observed a swimming pool which was full of dirt and leaves photo taken. In another area behind the pool observed a large area torn up area which tubing from the pool are visible and cement slabs and a lot of leaves/rocks which were uncovered all the way to the pool pump system. (Photo taken.)
-On the side of the building under the patio wall observed a metal bed frame and head board with twelve bottles of water and next to a motorized cart. In another area on the floor observed another hole in the floor (Photo taken.)
-Checking the roof of the patio observed many area with rotten wood photo were taken which were located near the roof wooden beams. One area showed rotten wood which had a leak in it and was peeling down from the ceiling of the roof (Photo taken.)
-In the laundry an electric wall plug hanging down from the wall revealing the electric wiring (Photo taken.)
-Observation of the front porch area of the facility revealed many different areas of roof under panel

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screen were busted out and many of the areas had bird nests in them and other areas were just busted out (Photos taken.)
-On the front porch the wheelchair ramp was not attached to the porch landing and would move whenever you walked on it. In front of the ramp in the cement foundation the metal wires were visible from the concrete had worn away. In the doorway doorway step the concrete also had worn away and you could see the metal wire visible in the concrete (Photo taken).
-On the right side of the front porch lower wall the concrete base was broken in pieces and some were piled up in small stacks along side the wall photo taken. On the front porch right side there was a large area of a black substance on the wall and the cement floor.
-Entered the rear area of the facility and observed brown water coming out of the hole which had a white broken pipe which had human feces coming out of the broken pipe which was running down the cement landing(Photo taken)
On the back wall of the structure observed a hole busted out in the cement wall (Photo taken)
Interview with the owner on at 11:15 PM confirmed the physical plant issues.
Class III

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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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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