STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966131	**09/24/2015**
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 [redacted], 2015. Amegab Home Care had deficiencies found at the time of the survey.

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to provide proper assistance with self-administration of medication for one out of 6 (6) sampled residents.

Findings included:

Observation on [redacted] 10:00 am revealed Staff B said to Resident #6 to drink her pills and walked away to the kitchen ' s sink.
Observation on [redacted] at 10:00 am revealed Staff C did not explain Resident #6 medication procedure and /or reason she was having those medications.
Observation on [redacted] at 10:00 am revealed Staff C did not use the Medication Observation Record to verify or sign the medications for Resident #6.
Interview on [redacted] around 9:20 am revealed Staff B stated, " Yes, this is Resident #6 ' s medications and her breakfast. "

Interview on [redacted] at 2:20 revealed Owner acknowledged Staff C did not provide proper assistance with self-administration of medication to Resident #6.

Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview facility failed to follow the staffing schedule for the month of [redacted].

Findings included:

Observation upon arrival to facility on [redacted] at 9 am revealed caregiver C working on her own.

Record review of Staffing Schedule for the month of [redacted] posted on a bulletin board in the kitchen/dining area revealed that caregivers A and C are supposed to work on [redacted] during day time.

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Interview on at 1:45 pm revealed caregiver C stated that she was working by her own until Saturday to end her shift, and Staff A will take over.

Interview on at 2:20 pm revealed facility ' s Owner acknowledged that staffing schedule had not been followed.

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,

Kristal Branton for

Arlene Mayo-Davis. RN
Field Office Manager

AMD:kb
Enclosure

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