STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967066	01/06/2016
NAME OF PROVIDER OR SUPPLIER AMISTAD 308 LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8420 SW 2ND STREET MIAMI, FL 33144	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Standard Biennial survey was conducted on [redacted]. Amistad 308 LLC with Limited Mental Health and Limited Nursing Services components had deficiencies found at the time of survey:

0008 Admissions - Health Assessment

Based on observation, record review and interview the facility failed to ensure one out of eight (#1) sampled residents have a complete health assessment.
Findings included:
On [redacted] at 8:45 AM showed Resident #1 was sitting in a wheelchair and received assistance with activities of daily living (ADLs) by facility staff.
Record review on [redacted] showed Resident #1, admitted on [redacted], health assessments (form 1823) did not specify whether the resident required nursing/ [redacted] services (blank); If he required 24 hour nursing/ [redacted] supervision; if his "needs can be met in (ALF)" and doctor approval for stay alone up to two hours (blank); and ADLs levels for [redacted], toilet, and transfer (blank) were not completed.
During an interview on [redacted] at 11:07 AM the facility's Consultant looked at Resident#1's health assessment and acknowledged it was incomplete. She stated I'm going to call the Administrator to contact the physician.
Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview the facility failed to limit physical [redacted] to half (1/2) bed rails for one out of eight (#1) sampled residents. The facility failed to treated two out eight (#1 and #2) sampled residents with consideration, respect and with due recognition of personal dignity, individuality, and the need for privacy.
Findings included:
During the facility tour on [redacted] at 8:45 AM observed Resident #1's bed with full bed rails attached.
Further observations showed Resident #1 (male; admitted on [redacted]) and Resident #2 (female; admitted on [redacted]) shared [redacted] #[redacted].
Record review on [redacted] showed Resident #1 had a inform consent to the use of 1/2 bed rails on record.
During an interview on [redacted] at 10:47 AM Staff C (caregiver) stated that we are working to getting a 1/2 bed rail for Resident #1. She stated we are going to change for the 1/2 bed rail.
Interview on [redacted] at 8:47 AM during the facility tour Staff B (caregiver) stated that Resident #1 and Resident #2 shared [redacted] #[redacted]. She stated they were not family or a couple. She stated Resident #2's legal guardian signed a letter that facility did had on record.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967066	01/06/2016
NAME OF PROVIDER OR SUPPLIER **AMISTAD 308 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8420 SW 2ND STREET** **MIAMI, FL 33144**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Record review on / showed Resident #2 had letter in her file with a different name listed on it signed by the legal guardian which authorized the ALF have her share a a person of the opposite dated .
During an interview on / at 10:29 AM Resident #2 stated I do not want to sleep in the same a man. She stated I preferred a woman. She stated I did not authorize that.
Class III

0032 Resident Care - Elopement Standards

Based on record review and interview the facility failed to complete two elopement drills per year.
Findings included:
Record review on / showed the facility did had one elopement drills completed on .
There was no documentation that other elopement drills were completed.
During interview on / at 12:22 PM Staff B (caregiver) and facility consultant acknowledged there was one elopement drills completed by the facility.
Class III

Z815 Background Screening: Prohibited Offenses

Base on observation, record review, and interview the facility failed to have one out six (B) sampled staff for whom the last screening was conducted before , 2011, must be rescreened by , 2015.
Findings included:
Observation on / at 8:30 AM found Staff B was in the common area. On / at 8:45 AM the facility tour was conducted with Staff B.
Record review on / showed Staff B's last background screening was completed on .
The background screening website showed a new screening was needed for Staff B.
During an interview on / at 10:18 AM, the facility's Consultant acknowledged that Staff B needed a new background screening.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Amistad 308 Llc
8420 Sw 2nd Street
Miami, FL 33144

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2016 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 , 2016.** 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
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