STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966262	09/28/2016
NAME OF PROVIDER OR SUPPLIER **AMAZING CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2620 NORTH 62ND AVENUE** **HOLLYWOOD, FL 33024**	

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

0000 Initial Comments

A monitoring inspection was conducted on 9-28-16 at Amazing Care (license #10476). The Amazing Care assisted living facility had deficiencies identified at the time of the visit.

0025 Resident Care - Supervision

Based on observation, interview and record review, the facility failed to provide adequate assisted living services to 1 out of 6 residents (Resident #5) by not properly supervising the level of personal care the resident required to promote his health, safety and well-being.

The findings include:

In an observation on - at 1:05pm, Resident #5 ambulated using his wheelchair from the common living area to his any physical assistance and then went into the use the toilet without any staff supervision. In an observation, at this time, the caregiver or the manager was not available to assist or supervise the resident.
Review of resident #5's health assessment dated on - indicated that the resident required supervision with toileting and assistance with ambulation.

In an interview with the manager on - at 1:10pm, she stated that she was not aware that Resident #5 needed assistance with ambulation and supervision with toileting and that she was responsible to inform the caregiver the level of assistance and supervision each resident needed for their activities of daily living. She also stated at this time, that she allowed the caregiver to bring her toddler son to the facility on - and she departed the facility on - from 11:30am to 12:30pm without considering that the caregiver was the only staff member to supervise the residents ' care in the facility, while additionally having to care for her own toddler son during this time.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed properly return or dispose of discharged residents' medications which were centrally stored by the facility.

The findings are:

In an observation on - at 12:30pm in the resident medication storage closet, there were several

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966262	09/28/2016
NAME OF PROVIDER OR SUPPLIER **AMAZING CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2620 NORTH 62ND AVENUE** **HOLLYWOOD, FL 33024**	

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

discharged residents' medications being centrally stored by the facility. In an observation at this time, some of the discharged residents' medications were labeled and dated on 10-4-11, 1-23-14, 8-18-15 and 2-10-16.

In an interview with the manager on 9-28-16 at 12:40pm, she stated that the facility did not return the medications which were centrally stored in the facility to each one of the discharged residents when they departed the facility. She stated that the facility could not determine if any of those discharged resident's medications were abandoned because the facility did not adequately notify each discharged resident that their medications were still at the facility after their departure. She stated that she understood that the facility must properly dispose of every discharged resident's medication only after the facility has adequately determined that the medications have been abandoned by each discharged resident the medications belonged to.

Class III

0167 Resident Contracts

Based on record review and interview, the facility failed to offer a contract between the resident or a representative and the facility to reflect an agreement to provide assisted living services, for 1 out of 3 sampled residents (Resident #6).

The findings include:

In an interview with the manager on - at 12:35pm, she stated that Resident #6 was admitted to the facility on - and the facility did not have an executed contract between the resident or her representative and the facility to reflect an agreement between the resident and the facility to provide assisted living services.

Review of Resident #6's record indicated that there was no contract or agreement between the resident or her representative and the facility to provide assisted living services.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Amazing Care, Inc.
2620 North 62nd Avenue
Hollywood, FL 33024

RE: Monitoring Survey

Dear Administrator:

This letter reports the findings of a state Monitoring survey that was conducted on , 2016 by a representative 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 21, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com