STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968467	**02/07/2017**
NAME OF PROVIDER OR SUPPLIER **AMIGOS HOME ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **8360 SW 43 TERRACE** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2017. Amigos Home ALF Corp. (License #12346) had the following deficiencies identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview the facility failed to discharge a resident that does not meet continuing residency criteria for 1 out of 5 sampled residents (Resident # 1). Also the facility failed to have a new face to face medical examination after a significant change for 1 out of 5 sampled residents (Resident # 1).

Findings included:

Upon arrival to the facility on at 8:28 am observed that Resident # 1 was being fed by Staff D.

Staff D stated on at 8:29 am that Resident # 1 required total assistance with her activities of daily living and medication administration that is being done by the staff.

Review of the health assessment revealed that it was completed on and stated that the resident required assistance with her activities of daily living and assistance with self-administration of medications.

The administrator stated at 9:00 am that Resident # 1 has not been placed on hospice because he is afraid that the hospice will stop the , treatment that the resident is receiving three times a week and that she has days that she is in better.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on record review and interview the facility failed to have a licensed person to administer the medications to a resident that requires medication administration for 1 out of 5 sampled residents (Resident # 1).

Findings included:

Upon arrival to the facility on at 8:28 am observed that Resident # 1 was being fed by Staff D.

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

Review of the health assessment revealed that it was completed on . . . . . and stated that the resident required assistance with her activities of daily living and assistance with self-administration of medications.

Staff D stated on . . . . . at 8:29 am that Resident # 1 required total assistance with her activities of daily living and medication administration that is being done by the staff.

Class III