STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968883	**08/09/2017**
NAME OF PROVIDER OR SUPPLIER **HOGAR, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8240 NW 171 ST** **MIAMI, FL 33015**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on at Hogar Inc. with Limited Mental Health (LMH) component. There was a deficiency found at the time of the survey. (Lic #1270)

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

Based on record review and interview the facility failed to have an accurate health assessment for two of four sampled residents (1 and 2).

Findings included:

Observation on from 9:00 am-1:30 pm revealed Resident #1 walked with assistance of a walker and one staff. Resident #1 ate her lunch independently. In addition, Resident #2 needed total assistance with daily living activities.

Record review of Resident #1's file revealed the medication assistance section (health assessment dated) was not filled out (blank). In addition, the health assessment reflected Resident #1 needed total assistance with daily living activities.

Record review of Resident #2's file revealed the medication assistance section (health assessment dated) stated that the resident needed assistance with self-administration of medication and administration of medication.

Interview on at 1:30 pm Staff A stated Resident #1 was not total with ambulation and eating; Resident #1 walked with the assistance of a walker and one resident. Resident #2's health assessment did not specify the kind of assistance for medication administration.

Class III