

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966262	(X3) DATE SURVEY COMPLETED 10/25/2017
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 Amazing Care, Inc. License #10476 was not found to be in compliance during this visit. 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview, the facility failed to provide a safe and comfortable living environment to the residents by not ensuring its existing mechanical systems were maintained in good working order. The findings are: In an observation on at 12:40pm, the air conditioning unit located in the facility's medication an air filter which was soiled with dust and dirt. Further observation of this air conditioning unit at this time, indicated that its plenum box had an additional return air grill besides the air grill that had the fouled air filter. In an observation of the additional air return grill that was located inside the medication, it did not have an air filter in it, which allowed air to be returned to the air conditioning unit without any filtration.. In an interview with the administrator on at 12:50pm, he stated that he was not aware that the air conditioning unit had a plenum box which contained 2 separate air return grills and one of these grills did not have an air filter. He stated at this time that he was not aware of when the air filter in this air conditioning plenum box was changed last. Class III		