STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967066	01/22/2018
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 . . . . . Amistada 308 LLC with Limited Mental Health component license #11183 had the following deficiencies found at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure that the health assessment (AHCA form 1823) for 1 out of 6 residents was completed in its entirety (#6).

Findings include:

A review of resident #6's health assessment dated . . . . . revealed resident is receiving Hospice care. Page #1, special precaution was blank, page#2 all Activities of Daily Living (ADL), ambulation, bathing, dressing, eating, ... , toileting, and transferring were marked as 'needs assistance'. Special diet was marked as regular, but the resident was being fed puree. On page #4 Needs assistance with self-administration of medication and it was observed the LPN from Hospice giving the medication with a spoon. Resident was observed needing and receiving total care for all ADL , and he needed Medication Administration.

On . . . . . at 12:15 PM Caregiver D stated that she was going to inform the administrator to fix it and have it up to date.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and record review, the facility failed to follow the procedures outlined by the state while assisting two out of six sampled residents with self-administration of medication (Residents #1 and 4). The staff person touched medications with bare hands prior to handing them to residents.

Findings included:

On . . . . . at 7:35 AM observed Caregiver C take Resident #1's medication out of the . . . . pack, put the medications in her hand and then give them to the resident.

A review of the Medication Observation Records (MORs) and reconciliation with the medicine

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packages for Resident #1 revealed that medicines were , 10 mg, 325 mg, , 81mg, 40 mg, 1 mg, 25 mg, , 20 mg, 10mg tablet per oral every day,

On at 7:40 AM, observed Caregiver C take Resident #4's was sitting in the dining , medication out of the pack, put the medications in her hand and then then put it in a crusher.

A review of the Medication Observation Records (MOR) and reconciliation with the medicine packages for Resident #4 revealed that medicines were 10 mg, , 10 mg, , 40 mg, , 25 mg, Megestrol 20 mg, , 800 mg, and , 1 mg tablet per oral every day.

Class III