STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966262	03/13/2018
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

An unannounced abbreviated relicensure survey was conducted on . . . . . at Amazing Care, Inc, License # 10476. The facility had deficiencies at the time of the survey.

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

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 4 out of 5 residents (Resident #1, Resident #2 , Resident #4 and Resident #5) observed during the medication pass.

The findings included:

Observations on at 9:09 AM found Resident # 1 receiving 6.25 mg, , 75 mg tab, ... 324 mg, ... 1 mg tab, ... 40 mg tab, ... , . . 100 mg, Lorazem 2 mg tab and 1 Oyster shell for . Observations during assistance with self-administration of medication revealed Staff A did not review the MOR, Staff A did not state the names of the medication and signed the MOR before the resident swallowed the medication.

Observations on at 9:12 AM found Resident # 2 receiving , , 10 mg, ... 325 mg, ... 20 mg, ... 50 mcg, . . , . . ER 25 mg and Tamsulin . 0.4 cap. Observations during assistance with self- administration of medication revealed Staff A did not review the MOR, Staff A did not state the names of the medication and signed the MOR before the resident swallowed the medication.

Observations on at 9:13 AM found Resident # 4 receiving , 81 mg, Citalpram HBR 20 mg and , . . ER 25 mg. Observations during assistance with self- administration of medication revealed Staff A did not review the MOR, Staff A did not state the names of the medication and signed the MOR before the resident swallowed the medication.

Observations on . . . . . at 9:14 AM found Resident # 4 receiving Allopurinal 300 mg, Carbipoa , , Lisnopril 40 mg, , 25 mg and ER 10 mg. Observations during assistance with self- administration of medication revealed Staff A did not review the MOR, Staff A did not state the names of the medication and signed the MOR before the resident swallowed the medication.

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

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, it was determined the facility failed to maintain the environment of the inside of the ALF.

The findings included:

Bath #1 door - needs painting it has a lot of scrapings on the bottom end of the door.
South wall of a large crack coming down by the window.

Bath #2 - Hole in shower wall.

- Base boards all around the scratched and chipped paint.

Interview on at 10:10 AM the Administrator stated he bought paint but did not have a chance to start painting yet. Administrator acknowledged all the findings.