STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965543	05/22/2018
NAME OF PROVIDER OR SUPPLIER **AMIGOS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5701 NORTHWEST 110TH STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . . . . . Amigos ALF with Limited Mental Health component (License # 9906) had deficiencies identified at the time of the survey:

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review and interview, the facility failed to maintain an accurate daily medication observation record (MOR) for one out of four sampled residents who receive assistance with self-administration of medications (Resident #3).

Findings included:

On at 08:06 AM Staff C was observed assisting Resident #3 with self-administration of medications. Staff C unlocked the medication cabinet, took the MOR and the resident's medication box, prompted Resident#3, took the following medications from the pack and read: , , , . . . , Hydrochlothiazide, . . . , . . . , and . . D.

A review of the MOR on . . . . . and Medications reconciliation on . . . . . revealed that Resident #3's MOR was not accurately completed. Only the name and the dosage of Resident #3 medications were on the MOR.

During an interview on . . . . at 8:20 AM Staff A and Staff C acknowledged that the MOR only had the name of the medication and the dosage, but not the mode, route, and frequency. Staff C stated "oh I see, I will write down."

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to have one out of five sampled staff obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility (Staff D) .

Findings included:

A review of the facility's personnel files on revealed that a 4 hour training certificate for Staff D

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SUMMARY STATEMENT OF DEFICIENCIES
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in assisting with self-administration of medications dated (expired) and a 2 hours of continuing education training was not in file.

During an interview on at 11:41 AM Staff A stated "Staff D already completed the training, they are bringing the certificate."

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that one out of five sampled direct care staff received at least one hour of effective training in the facility's policies and procedures regarding ( ) (Staff D). Staff D was unable to what a is.

Findings included:

A review of the facility's personal files on revealed that Staff D, hired on , had 1 hour of training certificate in file issued on .

During an interview on at 10:46 AM Staff D stated "I know what is, but I don't remember it now."

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure that one out of five sampled staff received a minimum of 3 hours of continuing education in working with individuals with mental health diagnoses (Staff B).

Findings included:

A review of the facility's personnel files on revealed that Staff B's Limited Mental Health (LMH)'s 8 hours training dated was expired. There was no documdntation of have the 3 recommended hours of continuing education in working with individuals with mental health diagnoses ion file for Staff B.

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

During an interview on at 11:41 AM Staff A stated "Staff D already completed the training, they are going to mail Staff B's LMH training certificate."

Class III