

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 07/12/2018  
FORM APPROVED

|                                                            |                                                                                        |                                                     |
|------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967066</b>            | (X3) DATE SURVEY COMPLETED<br><br><b>06/19/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMISTAD 308 LLC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8420 SW 2ND STREET<br/>MIAMI, FL 33144</b> |                                                     |

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

**0000 - Initial Comments**

A Complaint Investigation (CCR 2018004724) was conducted on . . . . . Amistad 308 LLC with Limited Mental Health components (license # 11183) had deficiencies at the time of the survey.

**0081 - Training - Staff In-Service - 58A-5.0191(2) FAC**

Based on record review, and interview, the facility failed to ensure that one out of six sampled staff (Staff D) receive a minimum of 1 hour in-service training within 30 days of employment that covered the facility emergency procedures.

Findings included:

A review of the facility's personnel files revealed that Staff D's record (hired on . . . . .), did not have documentation of receiving 1 hour in service training on the facility's emergency procedures.

During an interview on . . . . . at 10:21 AM, the Administrator acknowledged that the training certificate was not in Staff D's file.

Class III

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

Based on observation and interview, the facility failed to provide a safe living environment, free of hazards to six out of six sampled residents (Residents 1-6), and failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.

Findings included:

On . . . . . at 8:00 AM, observed: the foyer's ceiling had a large yellow stain that looked like water damage; . . . #. had peeling paint; the wall leading to . . . # and . . . # had peeling paint as well and was broken; the . . . 's door frame between . . . # and . . . # had yellow stain that looked like water damage; the . . . 's ceiling had peeling paint and dark stain; the . . . 's vent had dark stain that looked like mold; the porch had a broken armoire and some pieces of broken furniture; on the left side of the backyard were two unused mattresses, a broken recliner, a broken chair, other broken pieces of furniture and a broken gate

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| <p>During an interview on ..... at 8:32 AM the Administrator stated "the insurance has not paid me yet; I am going to throw everything away; I didn't know that was going to be a big thing."</p> <p>At 10:23 AM during the exit interview, the Administrator stated "I am going to clean everything. I saw you when you took pictures, I will make sure that everything is done."</p> <p>Class III</p> |                                                                                        |                                                     |

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**Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS**

Based on record review and interview, the facility failed to maintain an up-to-date employee roster in the Background Screening Clearinghouse Database.

Findings included:

A review of the facility's roster in the Background Screening Clearinghouse Database revealed that Staff C hired on 11/1/17, Staff D hired on 11/1/17, and Staff E hired on 11/1/17, were not listed on the roster.

During an interview on 6/19/18 at 10:21 AM, the Administrator acknowledged that the facility's roster was not updated.

Unclassified