

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953247	(X3) DATE SURVEY COMPLETED 07/11/2018
NAME OF PROVIDER OR SUPPLIER AMA HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 13720 SW 108 STREET MIAMI, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A standard biennial survey was conducted on Ama Home Care Inc. (AL8491) had the following deficiencies identified at the time of the survey: 0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC Based on record review and interview, the facility failed to provide documentation of the manager's high school diploma or other education. Findings: A review of the personnel record showed no documentation of a high school diploma for the facility's manager. On at 1:30 PM the Administrator stated she believed the Manager was a Registered Nurse or a Licensed Practical Nurse, but that she did not have his license available. Class III 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on record review and interview the facility failed to document freedom from () on annual basis for 5 out of 7 Staff (Staff B, C, D, E, F) . Findings: Personnel record review showed no freedom from documented for Staff B, C, D, E and F. On the Administrator stated she believed the negative statements were in staff records . Class III 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on observation, record review and interview, the facility failed to have an accurate staffing pattern:		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953247	(X3) DATE SURVEY COMPLETED 07/11/2018
NAME OF PROVIDER OR SUPPLIER AMA HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 13720 SW 108 STREET MIAMI, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings: On at 9:15 AM Staff B was observed alone, caring for the census of 6 residents. Staffing schedule review showed that on , Staff B and D were scheduled to work from 7:00 AM to 7:00 PM. On at 9:15 AM Staff B stated that Staff D had just left the facility a few minutes earlier, for an emergency. Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC Based on record review and interview the facility failed to ensure that 7 out of 7 direct care staff received updated training regarding assisting with self administration of medication (Staff A, B, C, D, E, F and G). Findings: Record review showed Staff A, B, C, D, E, F and G did not receive the 2 additional hours of required training regarding assisting residents with self administration of medications training, covering the new regulations effective . On at 1:30 PM the Administrator stated she had asked if a new medication training was required and she was informed incorrectly. Class III		