STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953247	R **09/06/2018**
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 Revisit Survey was conducted on 09/06/2018. Ama Home Care Inc. (AL8491) had deficiencies identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and interview, facility failed to discharge a residents that no longer met continued residency criteria for one out of six (Resident #1) sampled residents.

Findings included:

During tour of the facility on at 9:15 AM, Resident #1 was observed in # , lying in bed with full bed rails up.

Review of Resident #1 record showed she was admitted to the facility on , and was diagnosed with type , seasonal , and . The health assessment done on documented that she required total assistance with the Activities of Daily Living. The resident received hospice services admitted on . The resident was transferred to the hospital and returned to the facility on .

Interview conducted on at 11:00 AM, Administrator stated that Resident #1 was not receiving hospice service at present, since the hospital discharged her from hospice. The Administrator further stated that Resident #1's physician and daughter were going to meet that day to complete the hospice referral.

Class III