

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967405	(X3) DATE SURVEY COMPLETED 09/24/2018
NAME OF PROVIDER OR SUPPLIER ESTEVEZ HOME CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 3900 SW 122 AVENUE MIAMI, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey was conducted on and concluded on Estevez Home Care Corp. (license # 11452) with Limited Mental Health had the following deficiency identified at the time of the survey: 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview, the facility failed to have an accurate health assessments for 1 out of 2 sampled residents (Resident #1). Findings included: A review of Resident #1's health assessment dated showed the resident needed assistance with self-administered medication. A review of Resident #1's hospice file showed the resident's medications were to be administered by the hospice nurse staff. On at 12:09 PM the administrator stated "The hospice nurse gives Resident #1 her medication." Class III		