STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967066	R 10/10/2018
NAME OF PROVIDER OR SUPPLIER **AMISTAD 308 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8420 SW 2ND STREET** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A complaint (CCR# 2018004724) revisit survey was conducted on , 2018 and extended to , 2018. Amistad 308, LLC, with a limited mental health component license number 11183, had the following deficiencies identified at the time of survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review and interview, the facility failed to provide care and services appropriate to the needs of one of two sampled day care participants accepted for admission to the facility, (Participant 7).

Findings included:

On , 2018 at 7:18 AM, observed Participant 7 in a wheel chair at the dining table eating breakfast.

A review of Participant 7's Facility record showed the health assessment dated with diagnoses: hip . Assistance with ambulation, bathing, dressing, eating, , toileting, transferring.

Review of home health medical record dated showed that patient had a 5 cm in length , at left . The had an open status, with issue present on admission, , , poor balance. In addition, the record stated that the patient was likely to remain in fragile health and have ongoing high risk of serious complications and with risk for , dependent on oral medications, unable to transfer self and was unable to bear weight or pivot when transferred by another person.

Review of Participant 7's progress notes showed, " : Participant 7 is Ok but at home, participant does not want to get up with assistance but the participant is Ok". : Participant 7 has a in the left side; they cure ((care) the participant every day at home".

On , 2018 at 9:10 AM, Administrator stated, "They cure her at home; I think they came once here but I do not know where the home health book is". At 1:00 PM, the Administrator stated, "Participant 7 does not walk."

On , 2018 at 9:55 AM, the participant's daughter stated over a phone interview, "The nurse

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967066	R 10/10/2018
NAME OF PROVIDER OR SUPPLIER **AMISTAD 308 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8420 SW 2ND STREET** **MIAMI, FL 33144**	

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

has been there only twice; he has a book and I have another book at home. He cleans the area and put ointment."

On , 2018 at 8:10 AM, the home health nurse stated on a phone interview, "This patient has an . I used to go to the daycare where the participant was. I used to go every day including Saturdays and Sundays except for Friday when the nurse practitioner used to see the participant. The book was always there; the book had to be where the patient was, so we could write our notes." The nurse further stated "I asked them to reposition her every 2 hrs. and to get a cushion so the would not have any contact. I used to go before 6pm every day of the week even on Saturdays and Sundays except for Friday because the daughter will go to get her." A review of the facility records showed no documentation that the participant was being repositioned every two hours.

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and interview, the facility failed to ensure that the Home Health Agency provided documentation for one of two sampled day care participants, (Participant 7).

Findings including:

Review of Participant 7's health assessment dated , showed a diagnoses of and an at left hip, .

Home health medical record dated , showed that patient had a 5 cm in length , at left . The had an open status, with issue present on admission, , poor balance. In addition, the record stated that the patient was likely to remain in fragile health and have ongoing high risk of serious complications and with risk for , dependent on oral medications, unable to transfer self and was unable to bear weight or pivot when transferred by another person.

Review of Participant 7's progress notes showed, " : Participant 7 is Ok but at home, participant does not want to get up with assistance but the participant is Ok". : Participant 7 has a in the left side; they cure the participant every day at home".

On , 2018 at 9:10 AM, Administrator stated, "They cure her at home; I think they came once here but I do not know where the home health book is". At 1:00 PM, the Administrator stated,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967066	R **10/10/2018**
NAME OF PROVIDER OR SUPPLIER **AMISTAD 308 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8420 SW 2ND STREET** **MIAMI, FL 33144**	

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

"Participant 7 does not walk."

On , , 2018 at 9:55 AM, the participant's daughter stated over a phone interview, "The nurse has been there only twice; he has a book and I have another book at home. He cleans the area and put ointment."

On , , 2018 at 8:10 AM, the home health nurse stated on a phone interview, "This patient has an . I used to go to the daycare where the participant was. I used to go every day including Saturdays and Sundays except for Friday when the nurse practitioner used to see the participant. The book was always there; the book had to be where the patient was, so we could write our notes."

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the facility failed to read the medication labels aloud when assisting with self-administration of medications to residents.

Findings included:

On , , 2018 at 7:30 AM, observed Staff G assisting Resident 5 with self-administration of medications and not identifying the medications.

On , 2018 at 11:30 AM, the Administrator acknowledged that the medications need to be identified to the residents.

Class III

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

Based on observation, record review and interview, the facility failed to keep a medication observation record (MOR) for a medication given to one of two adult day care participants (Participant 7).

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967066	R 10/10/2018
NAME OF PROVIDER OR SUPPLIER **AMISTAD 308 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8420 SW 2ND STREET** **MIAMI, FL 33144**	

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

On , , 2018 at 7:30 AM, observed inside one of the kitchen's cabinets, one bottle of prescribed medication, , 200 mg. dated for adult day care Participant 7.

Review of Participant 7's MOR showed no record for the medication.

On , , 2018 at 1:00 PM, Staff G stated, "She only took the medication few days; the daughter told us to discontinue it and I forgot to give it back to her".

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to keep all centrally stored medications, locked in a cabinet, cart or other locked storage receptacle, area at all times.

Findings included:

On , , 2018 at 7:30 AM, observed Staff G unlock the medication cabinet located in the kitchen to get medications for Resident 5. Staff G left the medication cabinet unlocked.

On , , 2018 at 7:40 AM, Staff G stated, "As soon as I finish with the medications, I will put the container back inside the cabinet and will lock it."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review and interview, the facility failed to obtain a health care provider's order for home health services and a prescription for a , for one of nine sampled residents/participants (Resident 8). Also, the facility failed to obtain a new health assessment for one of nine sampled residents/participants who had a on the feet (Resident 1). In addition, the facility failed to maintain progress notes of significant changes for one of nine sampled residents/participants (Resident 8) who was hospitalized.

Findings included:

On , , 2018 at 7:20 AM, observed Residents 1 and 8 on wheel chairs watching TV with other residents and day care participants. Resident 1 had a dressing on the left ankle and stated that the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967066	R **10/10/2018**
NAME OF PROVIDER OR SUPPLIER **AMISTAD 308 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8420 SW 2ND STREET** **MIAMI, FL 33144**	

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

was really small, that the nurse would come every day. Resident 1 was observed standing up.

Review of Resident 1's records showed that on , the resident was seen by the doctor who ordered care daily. According to the Administrator, the resident has had wounds previously but the reopened. The nurse from the health care stated on the phone, that the was a . care notes were received on . The resident had a debridement done in , at a Rehabilitation center. As of it was a non-healing (/).

Review of Resident's 8's records showed that the resident was receiving home health care but a prescription for the services was not on file. In addition, the resident had a , and records showed that a prescription for it was not on file.

Class III