

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968467	(X3) DATE SURVEY COMPLETED 12/11/2018
NAME OF PROVIDER OR SUPPLIER AMIGOS HOME ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 8360 SW 43 TERRACE MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey was conducted on Amigos Home ALF Corp. had the following deficiencies 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 a contract executed with 1 out of 5 (Resident #5) sampled residents. Findings as follow: Record review showed Resident #5's contract was not signed by the resident or her legal representative. On at 2:00 PM the Administrator stated that she had already called Resident #5's legal representative to ask her to come and sign the contract, without success. Class III		

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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS Based on record review and interview ,the facility failed to obtain an updated Level II background screening for 1 out of 7 (Staff F) staff who had a break in service lasting more than 90 days. Findings as follow: A review of Staff F's personnel record (hired on) showed the last Level II background screening was completed on . On at 2:30 PM the Administrator stated Staff F started working in 2014 but she had to stop working for 2 years due to personal problems. He added, Staff F returned to work on . Unclassified		