STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968467	R 02/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMIGOS HOME ALF CORP	**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 Revisit Survey was conducted on , 28, 2019. Amigos Home ALF, Corp. with a standard license, had the following deficiency identified at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation and interview, the facility failed to provide an environment free of physical restrains to two of six sampled residents (Residents 1 and 6). Any device must be reviewed by the resident's physician.

Findings included:

On , , at 7:50 AM, observed Resident 6 in bed and asking for help; the bed had a bed rail. The resident wanted to get up but he had a big recliner against the bed and was not able to exit it. In addition, at , observed Resident 1 in bed; the bed had a bed rail; the resident's bed had a chair against the bed which would not allow her to get up by herself.

Review of both Residents 1 and 6's records showed a current prescription for bed rail.

On , , at 7:50 AM, Resident 6 stated, "They put it every night to bother me; I want to get up to have my coffee; I do not know why they do it."

Class III