

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/21/2019  
FORM APPROVED

|                                                                                                                                                                                          |                                                                                      |                                                     |
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| STATEMENT OF DEFICIENCIES                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966539</b>          | (X3) DATE SURVEY COMPLETED<br><br><b>04/25/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMPARITO'S SENIOR CARE INC</b>                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>15877 SW 85 LANE<br/>MIAMI, FL 33193</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                  |                                                                                      |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>An Abbreviated Biennial survey was conducted at Amparito's Senior Care on . . . . . Deficiencies were identified at the time of the survey.</p> |                                                                                      |                                                     |

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/28/2019  
FORM APPROVED

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMPARITO'S SENIOR CARE INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>15877 SW 85 LANE<br/>MIAMI, FL 33193</b> |                                                     |
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| <p><b>Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS</b></p> <p>Based on observation, record review, and interview, the facility failed to ensure that one out of four had an eligible level II background screening (Staff D).</p> <p>Findings include:</p> <p>Review of the background-screening database showed the last level II background screening for Staff D was completed on . . . . . and the results stated "Screening in Process."</p> <p>On . . . . . at 1:30 PM, Staff B stated that Staff D had an eligible level II background screening but had 90 day break in service. She stated "We requested a new background screening on . . . . . and we are waiting for the result."</p> <p>Unclassified</p> |                                                                                      |                                                     |