Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953319	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY HOME ALF, INC	290 NW 188TH STREET MIAMI, FL 33169

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint survey (CCR#2012006636) was conducted on , 2012. The allegations were substantiated. The My Home ALF, Inc. had deficiencies found at the time of the visit	A 000		
A 030 SS=G	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with , 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida Hotline " 1(800)96- or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.	A 030		

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A 030	Continued From page 1 (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall	A 030		

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A 030	Continued From page 2 not be considered a physical 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030		

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A 030	Continued From page 3 (g) Share a his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or	A 030		

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A 030	Continued From page 4 special interest groups. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to honor resident ' s rights by co-mingling resident ' s funds with facility funds for 1 out of 3 (SR#1) sampled resident, by not itemizing personal property held for 2 out of 3 (SR#1, SR#2) sampled residents, by not ensuring that a trust fund account was opened and maintained for 1 out of 3 (SR#1) sampled residents who made advanced rent payments, and by not notifying 1 out of 3 (SR#1) sample residents of the name and address of the depository where all funds were held. Findings include: Record review of SR#1 ' s file revealed that he was admitted to the facility on and discharged on . A review of SR#1 ' s Resident Health Assessment document (form 1823) revealed a diagnosis of , , and . A review of SR#1 ' s agreement for care contract revealed that his deposit fee amount was $1,500.00 and his monthly rent amount was $2,200. Further review of SR#1 ' s file revealed progress notes. It is recorded in SR#1 ' s progress notes dated SR#1 was, " taken by DCF ". Record review of SR#2 ' s file revealed that he was admitted to the facility on and was discharged on . SR#1 ' s file and SR#2 ' s file each contained two documents: Resident Account Log and Personal Effects Inventory. A review of SR#1 ' s resident	A 030		

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A 030	Continued From page 5	A 030		

account log document revealed that it contained SR#1 ' s name and under the heading ' Amount Received ' , the word " None " was written. Further review of SR#1 ' s resident account document revealed no other information. SR#2 ' s resident account log document was blank. Both SR#1 ' s and SR#2 ' s personal effects inventory documents were blank.

On , 2012 at 10:45am, the surveyor conducted an interview with the administrator. When asked had you served as a power of attorney-in-fact of any resident, the administrator said, " No " . When asked had you served as a representative payee of any resident, the administrator said, " No " . When questioned about SR#1 ' s progress note dated , the administrator told the surveyor that the Department of Children and Families (DCF) came to his facility and removed SR#1. He said that he asked them for the reason of SR#1 ' s removal and DCF told him, " Because they wanted too. " The administrator told the surveyor that because he had not been given power of attorney, DCF did not give him any details. The administrator continued to tell the surveyor that he had been given the authority from SR#1 to become power of attorney in 2011 but he was told by SR#1 ' s bank that the power of attorney document was incomplete. The administrator told the surveyor that in 2011 he had taken SR#1 to SR#1 ' s bank to obtain access to SR#1 ' s bank account in order to receive rent payments. When he presented SR#1 ' s bank with the power of attorney document, the bank rejected it. A review of the facility ' s rules regulations policy, " The owners, administrators, or employees will not act as guardian or trustee for any residents ' property. "

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A 030	Continued From page 6	A 030		

On , 2012 at 12:51pm, the administrator told the surveyor that in 2011, SR#1 gave him an advance payment in an approximate amount of $40,000 in cash to cover a two-year period, but he was not certain of the exact amount that is owed to SR#1. When asked if SR#1 ' s funds were kept in a separate bank account from the facility funds, the administrator acknowledged that it was not and told the surveyor that he had found out later that he was supposed to have held a trust account. The administrator told the surveyor that the approximate amount of $40,000 was a combination of advance rent payment and back rent pay. When asked what amount of the approximate $40,000 represented advance payment and what amount represented back rent pay, the administrator told the surveyor that he did not have that information but he had given SR#1 a receipt. The administrator provided the surveyor with copies of the facility ' s banking transaction statement for , 2011 to 2012. A review of the statements did not reveal documentation that cash deposit in the amount of $40,000 was made nor were there any documentation that showed the facility had returned any portion of the $40,000 to SR #1.

At 3:20pm the administrator told the surveyor that SR#1 left pants, shoes, socks, shirts, and underwear at the facility and SR#2 had left a portable radio. The administrator acknowledged that he did not maintain an inventory of SR#1 ' s and SR#2 ' s items and told the surveyor that he still had SR#1 ' s items but not SR#2 ' s portable radio. The administrator told the surveyor that he did not know what happen to SR#2 ' s portable radio. On , 2012 at 3:29pm, the administrator presented the surveyor with a blue medium-sized suitcase that was filled with

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A 030	Continued From page 7	A 030		

clothing. The administrator told the surveyor that the items belong to SR#1. When asked what attempts had been made to return SR#1 ' s financial property and physical property, the administrator told the surveyor that, " We made attempts to locate him, unable to locate him, have no information about him or whatever. They told me that I may have to return that money to his guardian, verbally told this by the DCF Supervisor in of 2012. " The administrator continued to state that, " DCF Supervisor sent a guardian over to collect a check in 2012. A white male came to the house was on the telephone and walked half way then turned around and left. " A review of the facility ' s refund policy read as, " Written notice of deduction from the refund will be given to the resident or guardian. If the A.L.F does not need to withhold unused payments, does not need to withhold the unused payments reimbursement will be paid within 45 days of the unit is vacated or cleared of all personal belonging. " When asked what attempts had been made to return SR#2 ' s physical property, the administrator told the surveyor that he had made attempts to give SR#2 his radio but when SR#2 had called the facility, SR#2 cursed at the administrator and told the administrator that he did not care. When asked for date and time that his telephone called occurred, the administrator told the surveyor that he did not know for the reason that he was not the one who had spoken with SR#2. Record review of SR#2 ' s file revealed no documentation of this incident.

On , 2012 at 3:45pm the administrator acknowledged not depositing the entire amount of SR#1 ' s 2-year advance payment and told the surveyor that he kept some cash on hand but was unable to tell the surveyor the exact amount for

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A 030	Continued From page 8 lack of documentation. When asked if SR#1 was notified of the name and address of the banking institution where SR #1 ' s 2-year advance payments were held, the administrator told the surveyor, " I don ' t think so. " A review of the facility ' s refund policy read as, " Written notice of deduction from the refund will be given to the resident or guardian. If the A.L.F does not need to withhold unused payments, does not need to withhold the unused payments reimbursement will be paid within 45 days of the unit is vacated or cleared of all personal belonging. " Class II	A 030		
A 122 SS=G	58A-5.021(3) FAC Fiscal - Personal Effects (3) PERSONAL EFFECTS. (a) The facility, upon resident request, may provide for the safekeeping in the facility of up to $200 in personal funds, and $500 in personal property. If the resident is expected to be absent from the facility for more than 24 hours, the facility may provide for the safekeeping of more than $500 in personal property. (b) Any personal funds shall be kept separately from facility funds and shall be used by residents as they choose. (c) Any personal property held by the facility, including property held for safekeeping, shall be itemized. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to separate personal residents ' funds from business funds for 1 out of 3 (SR#1) sampled resident; the facility failed to itemized personal property held for 2 out of 3 (SR#1,	A 122		

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A 122	Continued From page 9 SR#2) sampled residents. Findings include: Record review of SR#1 ' s file revealed that he was admitted to the facility on and discharged on . A review of SR#1 ' s Resident Health Assessment document (form 1823) revealed a diagnosis of , and . A review of SR#1 ' s agreement for care contract revealed that his deposit fee amount was $1,500.00 and his monthly rent amount was $2,200. Further review of SR#1 ' s file revealed progress notes. It is recorded in SR#1 ' s progress notes dated that SR#1 was, " taken by DCF " . Record review of SR#2 ' s file revealed that he was admitted to the facility on and was discharged on . SR#1 ' s file and SR#2 ' s file each contained two documents: Resident Account Log and Personal Effects Inventory. A review of SR#1 ' s resident account log document revealed that it contained SR#1 ' s name and under the heading ' Amount Received ' , the word " None " was written. Further review of SR#1 ' s resident account document revealed no other information. SR#2 ' s resident account log document was blank. Both SR#1 ' s and SR#2 ' s personal effects inventory documents were blank. On , 2012 at 10:45am, the surveyor conducted an interview with the administrator. When asked had you served as a power of attorney-in-fact of any resident, the administrator said, " No " . When asked had you served as a representative payee of any resident, the administrator said, " No " . When questioned about SR#1 ' s progress note dated ,	A 122		

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A 122	Continued From page 10	A 122		

the administrator told the surveyor that the Department of Children and Families (DCF) came to his facility and removed SR#1. He said that he asked them for the reason of SR#1 ' s removal and DCF told him, " Because they wanted too. " The administrator told the surveyor that because he had not been given power of attorney, DCF did not give him any details. The administrator continued to tell the surveyor that he had been given the authority from SR#1 to become power of attorney in 2011 but he was told by SR#1 ' s bank that the power of attorney document was incomplete. The administrator told the surveyor that in 2011 he had taken SR#1 to SR#1 ' s bank to obtain access to SR#1 ' s bank account in order to receive rent payments. When he presented SR#1 ' s bank with the power of attorney document, the bank rejected it. A review of the facility ' s rules regulations policy, " The owners, administrators, or employees will not act as guardian or trustee for any residents ' property. "

On , 2012 at 12:51pm, the surveyor conducted an interview with the administrator. When asked about personal property that he had held for residents, the administrator told the surveyor that in 2011 SR#1 gave him an advance payment in an approximate amount of $40,000 in cash to cover a two-year period, but he was not certain of the exact amount that is owed to SR#1. When asked if SR#1 ' s funds were kept in a separate bank account from the facility funds, the administrator said, " No. " At 3:20pm the administrator told the surveyor that SR#1 left pants, shoes, socks, shirts, and underwear at the facility and SR#2 had left a portable radio. The administrator acknowledged that he did not maintain an inventory of SR#1 ' s and SR#2 ' s items and told the surveyor that he

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A 122	Continued From page 11 still had SR#1 ' s items but not SR#2 ' s portable radio. The administrator told the surveyor that he did not know what happen to SR#2 ' s portable radio. On , 2012 at 3:29pm, the administrator presented the surveyor with a blue medium-sized suitcase that was filled with clothing. The administrator told the surveyor that the items belong to SR#1. When asked what attempts had been made to return SR#1 ' s financial property and physical property, the administrator told the surveyor that, " We made attempts to locate him, unable to locate him, have no information about him or whatever. They told me that I may have to return that money to his guardian, verbally told this by the DCF Supervisor in of 2012. " The administrator continued to state that, " DCF Supervisor sent a guardian over to collect a check in 2012. A white male came to the house was on the telephone and walked half way then turned around and left. " A review of the facility ' s refund policy read as, " Written notice of deduction from the refund will be given to the resident or guardian. If the A.L.F does not need to withhold unused payments, does not need to withhold the unused payments reimbursement will be paid within 45 days of the unit is vacated or cleared of all personal belonging. " When asked what attempts had been made to return SR#2 ' s physical property, the administrator told the surveyor that he had made attempts to give SR#2 his radio but when SR#2 had called the facility, SR#2 cursed at the administrator and told the administrator that he did not care. When asked for date and time that his telephone called occurred, the administrator told the surveyor that he did not know for the reason that he was not the one who had spoken with SR#2. Record review of SR#2 ' s file revealed no documentation of this incident.	A 122		

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A 122	Continued From page 12 Class II	A 122		
A 123 SS=G	58A-5.021(4) FAC Fiscal - Resident Trust Funds & Adv Payments (4) RESIDENT TRUST FUNDS AND ADVANCED PAYMENTS. (a) Funds or other property received by the facility belonging to or due a resident, including the personal funds described in subsection (3), shall be held as trust funds and expended only for the resident ' s account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co mingling resident funds with facility funds is prohibited. Written accounting procedures for resident trust funds shall include income and expense records of the trust fund, including the source and disposition of the funds. (b) Money deposited or advanced as security for performance of the contract agreement or as advance rent for other than the next immediate rental period shall be kept separate from the funds and property of the facility, and shall be used, or otherwise expended, only for the account of the resident. On facility financial statements, such funds shall be indicated as restricted assets and there shall be a corresponding liability shown. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure that a trust fund account was opened and maintained for 1 out of 3 (SR#1) sampled residents who made advanced rent	A 123		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953319	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY HOME ALF, INC	290 NW 188TH STREET MIAMI, FL 33169

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 123	Continued From page 13 payments. Findings include. Record review of SR#1 ' s file revealed that he was admitted to the facility on and discharged on . A review of SR#1 ' s Resident Health Assessment document (form 1823) revealed a diagnosis of , , and . A review of SR#1 ' s agreement for care contract revealed that his deposit fee amount was $1,500.00 and his monthly rent amount was $2,200. Further review of SR#1 ' s file revealed progress notes. It is recorded in SR#1 ' s progress notes dated SR#1 was, " taken by DCF " . Record review of SR#2 ' s file revealed that he was admitted to the facility on and was discharged on . On , 2012 at 10:45am, the surveyor conducted an interview with the administrator. When asked had you served as a power of attorney-in-fact of any resident, the administrator said, " No " . When asked had you served as a representative payee of any resident, the administrator said, " No " . When questioned about SR#1 ' s progress note dated , the administrator told the surveyor that the Department of Children and Families (DCF) came to his facility and removed SR#1. He said that he asked them for the reason of SR#1 ' s removal and DCF told him, " Because they wanted too. " The administrator told the surveyor that because he had not been given power of attorney, DCF did not give him any details. The administrator continued to tell the surveyor that he had been given the authority from SR#1 to become power of attorney in 2011 but he was told by	A 123		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 123	Continued From page 14 SR#1 ' s bank that the power of attorney document was incomplete. The administrator told the surveyor that in 2011 he had taken SR#1 to SR#1 ' s bank to obtain access to SR#1 ' s bank account in order to receive rent payments. When he presented SR#1 ' s bank with the power of attorney document, the bank rejected it. A review of the facility ' s rules regulations policy, " The owners, administrators, or employees will not act as guardian or trustee for any residents ' property. " On I, 2012 at 12:51pm, the administrator told the surveyor that in . . . . 2011 SR#1 gave him an advance payment in an approximate amount of $40,000 in cash to cover a two-year period, but he was not certain of the exact amount that is owed to SR#1. When asked if SR#1 ' s funds were kept in a separate bank account from the facility funds, the administrator acknowledged that it was not and told the surveyor that he had found out later that he was supposed to have held a trust account. The administrator told the surveyor that the approximate amount of $40,000 was a combination of advance rent payment and back rent pay. When asked what amount of the approximate $40,000 represented advance payment and what amount represented back rent pay, the administrator told the surveyor that he did not have that information but he had given SR#1 a receipt. When asked to review a copy of the receipt that was given to SR #1 the administrator told the surveyor that he did not save nor did he copy the receipt. When asked what attempts had been made to return SR#1 ' s financial property and physical property, the administrator told the surveyor that, " We made attempts to locate him, unable to locate him, have no information about him or whatever. They told	A 123		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 123	Continued From page 15 me that I may have to return that money to his guardian, verbally told this by the DCF Supervisor in of 2012. " The administrator continued to state that, " DCF Supervisor sent a guardian over to collect a check in 2012. A white male came to the house was on the telephone and walked half way then turned around and left. " A review of the facility ' s refund policy read as, " Written notice of deduction from the refund will be given to the resident or guardian. If the A.L.F does not need to withhold unused payments, does not need to withhold the unused payments reimbursement will be paid within 45 days of the unit is vacated or cleared of all personal belonging. " On , 2012 at 2:57pm, the administrator told the surveyor that he had used portions of SR#1 ' s $40,000 to make purchases for SR#1. The administrator told the surveyor that he had receipts of the purchases but the receipts did not spell out what purchases were for SR#1. The surveyor reviewed the receipts from 2011 to 2011 and observed that the receipts did not contain the name of the residents for whom the purchases were made. The surveyor asked the administrator if he had given SR#1 a monthly income statement that showed the amount of money used and what it was used for, the administrator told the surveyor that he did not. The administrator provided the surveyor with income/expense statement for 2011 to 2012. A review of the documentation revealed no documentation of what portion of SR#1 ' s advance payment went toward rent, back pay or any other expense. The administrator provided the surveyor with copies of the facility ' s banking transaction statement for 2011 to 2012. A review of the statements did not reveal documentation that showed a deposit in	A 123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 123	Continued From page 16 the amount of $40,000 was made. On , 2012 at 3:45pm the administrator acknowledged not depositing the entire amount of SR#1 ' s 2-year advance payment and told the surveyor that he kept some cash on hand but was unable to tell the surveyor the exact amount for lack of documentation. Class II	A 123		
A 124 SS=G	58A-5.021(5) FAC Fiscal - Bank Accounts (5) BANK ACCOUNTS. Resident funds and property in excess of the amount stated in subsection (3), and money deposited or advanced as security for performance of the contract agreement or as advance rent for other than the next immediate rental period shall be held in a Florida banking institution, located if possible in the same community in which the facility is located. The facility shall notify the resident of the name and address of the depository where all funds are being held. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify 1 out of 3 (SR#1) sample residents of the name and address of the depository where all funds were held. Findings include: Record review of SR#1 ' s file revealed that he was admitted to the facility on and	A 124		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 124	Continued From page 17 discharged on _____ I. A review of SR#1 ' s Resident Health Assessment document (form 1823) revealed a diagnosis of , , and . A review of SR#1 ' s agreement for care contract revealed that his deposit fee amount was $1,500.00 and his monthly rent amount was $2,200. Further review of SR#1 ' s file revealed progress notes. It is recorded in SR#1 ' s progress notes dated that SR#1 was, " taken by DCF " . On , 2012 at 10:45am, the surveyor conducted an interview with the administrator. When asked had you served as a power of attorney-in-fact of any resident, the administrator said, " No " . When asked had you served as a representative payee of any resident, the administrator said, " No " . When questioned about SR#1 ' s progress note dated , the administrator told the surveyor that the Department of Children and Families (DCF) came to his facility and removed SR#1. He said that he asked them for the reason of SR#1 ' s removal and DCF told him, " Because they wanted too. " The administrator told the surveyor that because he had not been given power of attorney, DCF did not give him any details. The administrator continued to tell the surveyor that he had been given the authority from SR#1 to become power of attorney in 2011 but he was told by SR#1 ' s bank that the power of attorney document was incomplete. The administrator told the surveyor that in 2011 he had taken SR#1 to SR#1 ' s bank to obtain access to SR#1 ' s bank account in order to receive rent payments. When he presented SR#1 ' s bank with the power of attorney document, the bank rejected it. A review of the facility ' s rules regulations policy, " The owners, administrators, or employees will not act as guardian or trustee for any residents ' property. "	A 124		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953319	A. BUILDING _____ B. WING _____	

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A 124	Continued From page 18 On , 2012 at 12:51pm, the administrator told the surveyor that in 2011, SR#1 gave him an advance payment in an approximate amount of $40,000 in cash to cover a two-year period, but he was not certain of the exact amount that is owed to SR#1. When asked if SR#1 ' s funds were kept in a separate bank account from the facility funds, the administrator acknowledged that it was not and told the surveyor that he had found out later that he was supposed to have held a trust account. The administrator told the surveyor that the approximate amount of $40,000 was a combination of advance rent payment and back rent pay. When asked what amount of the approximate $40,000 represented advance payment and what amount represented back rent pay, the administrator told the surveyor that he did not have that information but he had given SR#1 a receipt. The administrator provided the surveyor with copies of the facility ' s banking transaction statement for 2011 to 2012. A review of the statements did not reveal documentation that cash deposit in the amount of $40,000 was made nor were there any documentation that showed the facility had returned any portion of the $40,000 to SR #1. On , 2012 at 3:45pm the administrator acknowledged not depositing the entire amount of SR#1 ' s 2-year advance payment and told the surveyor that he kept some cash on hand but was unable to tell the surveyor the exact amount for lack of documentation. When asked if SR#1 was notified of the name and address of the banking institution where SR #1 ' s 2-year advance payments were held, the administrator told the surveyor, " I don ' t think so. " A review of the facility ' s refund policy read as, " Written notice of deduction from the refund will be given to the resident or guardian. If the A.L.F does not need to	A 124		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 124	Continued From page 19 withhold unused payments, does not need to withhold the unused payments reimbursement will be paid within 45 days of the unit is vacated or cleared of all personal belonging. " Class II	A 124		
A 160 SS=D	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure ; and 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is , the date of . Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C. (c) A log listing the names of all temporary emergency placement and respite care residents	A 160		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 160	Continued From page 20 if not included on the log described in paragraph (b). (d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns. (e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured. (f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.; (g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.; (h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C. (i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C. (j) If the facility advertises that it provides special care for persons with ' s or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.	A 160		

Agency for Health Care Administration

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A 160	Continued From page 21 (l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate. (m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years. (n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. (q) The facility ' s resident elopement response policies and procedures. (r) The facility ' s documented resident elopement response drills. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an accurate admission and discharge log that document the admission and discharge dates for 2 out of 3 (SR#1 and SR#2) sampled residents.	A 160		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 160	Continued From page 22 Findings include: Record review of the facility ' s admission and discharge log revealed that SR#1 was admitted to the facility on and discharged on and SR#2 was admitted to the facility on and was discharged on . A review of SR#1 ' s file and SR#2 ' s file revealed demographic data information documents with SR#1 ' s admittance date as and SR#2 ' s admittance date as . Further review of SR#1 ' s file and SR#2 ' s file revealed progress notes. It is recorded in SR#1 ' s progress note dated SR#1 was, " taken by DCF ". It is record in SR#2 ' s progress notes that, " he then left again at 6:30am on . second and did not return... " On , 2012 at 10:14am, the surveyor conducted an interview with the administrator. When questioned about the admission and discharge log, the administrator acknowledged the discrepancy in dates and told the surveyor that he SR#2 had not discharged he just left without paying rent. Class III	A 160		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. ; 3. Race; 4. Date of birth; 5. Place of birth, if known;	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 162	Continued From page 23 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ; 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider ' s order. (d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C. (e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually. (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract. (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident ' s contract with the	A 162		

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A 162	Continued From page 24 facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S. (k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S. (l) A copy of Alternate Care Certification for ( ) Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services. (m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C. (o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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MY HOME ALF, INC	290 NW 188TH STREET MIAMI, FL 33169

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 162	Continued From page 25 participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain documentation of the existence of a power of attorney for 1 out of 3 (SR#1) sampled residents; the facility failed to document funds dispersed for 1 out of 3 (SR#1) sampled residents; and the facility failed to document transactions made on behalf of 1 out of 3 (SR#1) sampled residents. Findings include:	A 162		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953319	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY HOME ALF, INC	290 NW 188TH STREET MIAMI, FL 33169

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 162	Continued From page 26 Record review of SR#1 ' s file revealed that he was admitted to the facility on and discharged on . A review of SR#1 ' s Resident Health Assessment document (form 1823) revealed a diagnosis of , , and . A review of SR#1 ' s agreement for care contract revealed that his deposit fee amount was $1,500.00 and his monthly rent amount was $2,200. On , 2012 at 10:45am, the surveyor conducted an interview with the administrator. When asked had you served as a power of attorney-in-fact of any resident, the administrator said, " No " . When asked had you served as a representative payee of any resident, the administrator said, " No " . The administrator continued to tell the surveyor that he had been given the authority from SR#1 to become power of attorney in 2011 but he was told by SR#1 ' s bank that the power of attorney document was incomplete. The administrator told the surveyor that in 2011 he had taken SR#1 to SR#1 ' s bank to obtain access to SR#1 ' s bank account in order to receive rent payments. When he presented SR#1 ' s bank with the power of attorney document, the bank rejected it. When asked to review the power of attorney document, the administrator told the surveyor that he did not have it for the reason that he had given it to his attorney. A review of the facility ' s rules regulations policy read as, " The owners, administrators, or employees will not act as guardian or trustee for any residents ' property. " On , 2012 at 12:51pm, the administrator told the surveyor that in 2011, SR#1 gave him an advance payment in an approximate amount of $40,000 in cash to cover a two-year period, but he was not certain of the exact	A 162		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 162	Continued From page 27	A 162		

amount that is owed to SR#1. When asked if SR#1 ' s funds were kept in a separate bank account from the facility funds, the administrator acknowledged that it was not and told the surveyor that he had found out later that he was supposed to have held a trust account. The administrator told the surveyor that the approximate amount of $40,000 was a combination of advance rent payment and back rent pay. When asked what amount of the approximate $40,000 represented advance payment and what amount represented back rent pay, the administrator told the surveyor that he did not have that information but he had given SR#1 a receipt. The administrator provided the surveyor with copies of the facility ' s banking transaction statement for 2011 to 2012. A review of the statements did not reveal documentation that cash deposit in the amount of $40,000 was made nor were there any documentation that showed the facility had returned any portion of the $40,000 to SR #1.

On , 2012 at 3:45pm the administrator acknowledged not depositing the entire amount of SR#1 ' s 2-year advance payment and told the surveyor that he kept some cash on hand but was unable to tell the surveyor the exact amount for lack of documentation. When asked if SR#1 was notified of the name and address of the banking institution where SR #1 ' s 2-year advance payments were held, the administrator told the surveyor, " I don ' t think so. " A review of the facility ' s refund policy read as, " Written notice of deduction from the refund will be given to the resident or guardian. If the A.L.F does not need to withhold unused payments, does not need to withhold the unused payments reimbursement will be paid within 45 days of the unit is vacated or cleared of all personal belonging. "

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 162	Continued From page 28 Class III	A 162		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
My Home Alf, Inc
290 Nw 188th Street
Miami, FL 33169

Re: CCR #2012006636

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121