STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953319	07/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My Home Alf, Inc	290 Nw 188th Street Miami, FL 33169	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint survey (CCR#2013005455) conducted on July 17, 2013. The My Home ALF, Inc. had deficiencies found at the time of the visit

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview facility failed to resident's health assessment to be signed and dated by the physician.

Findings includes:
1. Record review revealed that resident #6 health assessment was not dated by the doctor after the examination. Section 1-D. The doctor's professional opinion for the resident needs to be met at a assisted living facility was not marked (Yes or NO).

2. Interview with administrator on at 1:00 pm, confirmed the findings in regards to the health assessment not being dated or completed by the facility doctor.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview facility failed to have an up to date admission and discharge log.

Findings includes:
1. Record review revealed resident #6 name was never placed on the admission/discharge log since being admitted to the facility on .

2. Interviewed administrator on at 1:00 pm, he confirmed the the facility did not place the resident #6 on the admission/discharge log at the time of admission to the facility. He could not give an explanation on why he forgot to do this when the resident as placed at his facility.

Class III

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	AL11953319	07/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on record review and interview facility failed to have any documentation regarding financial records of funding between the resident and the facilit.

Findings includes:

1. Record review revealed that the facility did not have any documentation to show what the current months of a finacial document verifying what funds resident #6 had in his file.

2. Interview with administrator on at 1:00 pm, stated that he did not have a financial statements between the resident or the facility on hand at that time, but would contact his bank to verify what transactons that took place between the facility and the resident at the time he (resident) stayed at the facility for only two weeks ( ) before being admitted to the hospital and never returning to the facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Re: CCR #2013005455

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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 9/19/2013 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

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