STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964385	08/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My Family Home	662 West 50 Street Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation Survey (CCR#2013003480) was conducted at My Family Home on . As a result of the survey, deficiencies were identified.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observations and interview the facility failed to keep central stored medications locked up at all times.

Findings Include:

1) Observations on at approximately 1:34 PM found a filing cabinet next to the dining in the dining . Observations found residents' medications in the filing cabinet. Observations found the medication cabinet was not secured and/or locked. Observations found staff was not giving out medications nor using the cabinet {observations began at the time of entry; photographic evidence obtained}.

2) In an interview with the assistant administrator and staff A on at approximately 3:08 PM, they acknowledged the findings. Staff A stated that she opened it because she was giving out medications at 2:00 PM. She stated before that, she did not give out medications since the morning.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview the assisted living facility's assistant administrator (manager) failed to complete the CORE training requirements.

Findings Include:

1) Record review of the assistant administrator, whose application was dated , lacked any documentation of verification of completing the CORE training requirement including the CORE exam.

Record review of the Assisted Living Facility Core Competency Test website- List of Successful Examinees revealed a search for the assistant administrator's name found no results.

Website search of floridahealthfinders.gov revealed the administrator is currently supervising a total of two assisted living facility.

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2) In an interview with the assistant administrator on at approximately 2:40 PM, she named the other assisted living facility in which the administrator supervises. She stated the administrator is doing her a favor because she did not have the CORE paper anymore. She stated she lost the CORE paper because she did it a long time ago in 1997. She stated then she went back in 2000, she did not pass the test and now she is going to go again. She stated the administrator is the administrator over two assisted living facilities. She stated that she is the manager. She stated she is going to go take it on and she is waiting for them to change the style of the test. She stated she sent her husband for the CORE and he did the training and he is waiting the results of the test.

In an interview with the assistant administrator on at approximately 3:08 PM, she acknowledged the findings and stated that she is going to take the CORE test in .

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on observation, record review, and interview the assisted living facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period.

Findings Include:

1) Observations on at approximately 1:12 PM found only staff A in the facility at the time of entry.

Observations on at approximately 3:10 PM found staff B entered the facility.

2) Record review of the facility staffing schedule for 2013 revealed staff B was scheduled to be at the facility from 7 AM to 7 PM on {scanned for documentation}.

3) In an interview with the assistant administrator on at approximately 3:08 PM, she acknowledged the findings and stated they switched because staff B had to do something.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
My Family Home
662 West 50 Street
Hialeah, FL 33012

Re: CCR #2013003480

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 10/15/2013 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,

Kristal Branton for

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