

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/24/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966075	(X3) DATE SURVEY COMPLETED 09/23/2013
NAME OF PROVIDER OR SUPPLIER New Family Home, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 12748 Nw 98 Court Hialeah, FL 33018	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0031 - 58a-5.0182(7) Fac - Resident Care - Third Party Services S-S= G
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint Survey, CCR #2013006704 was conducted on , 2013 and
2013. New Family Home Inc. had deficiencies found at the time of the visit.

0031-Resident Care - Third Party Services 58A-5.0182(7) FAC

Based on record review and interview facility failed to coordinate services with home health agency for
administration of injection of for 1 out of 3 sampled residents (# 1).

Findings include:

Record review of resident # 1 revealed that the last assessment was done on and states that resident
needs medication administration.

On at 8:20 am interviewed participant # a on the phone regarding why the Limited Nursing Services
on contract with the facility was not called to administer the if she is on call 24 hours. Staff # a stated: "The
resident went out with the family and when they came back the nurse from the agency had already been there to
administer the to the resident. Staff # b was the caregiver that day when they arrived and it was already
dark, around 8:30pm; resident used to get her at 5pm. Staff # b told the son and the daughter in law that
they could administer the but they refused and staff # b was too worried about the resident sugar,
because she had eaten a lot. The family wanted staff # b to administer the but she told them that by law
she could not do it and asked them one more time and they refused. She forgot about calling the nurse to come
and asked the resident if she could do it and she answered that she used to do it before at home and she
administered the herself with the supervision of staff # b and the family agreed for and left. It did not cross
our mind to call the nurse to administer the because it was too late."

On at 8:50 am interviewed staff # b regarding resident # 1; she stated: "that day the family took
resident # 1 to have a haircut and they came so late it was already dark, about 8:30pm to 9pm; I cannot tell you
exactly the time but it was dark outside. The nurse from the agency had already been here at 5pm and left
because the resident was not here. I was worried about her sugar because every time they took her out
she would eat a lot and her sugar would go up. She would usually get her at 5 pm and when they
came back the nurse from the agency had already come and left. It was already night time; I was worried about
her sugar and I told the family to administer the to the resident that I would show them how to do it
because by law I could not do it but they as family could do that and they refused and insisted that I would
administered the and I told them that I would not do it because I was not supposed to do that and then I
asked the resident if she was able to do it with me supervising and she said: YES sure I used to do it when I was
at home before I broke my hip. So resident # 1 administered the to herself with me supervising the
procedure.

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/24/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966075	(X3) DATE SURVEY COMPLETED 09/23/2013
NAME OF PROVIDER OR SUPPLIER New Family Home, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 12748 Nw 98 Court Hialeah, FL 33018	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

On at 10:50 am interviewed participant # d on the phone. She stated: We are open 24/7 and the ALFs personnel can call us to do a missed visit. The family or the caregiver can call us at any time and we let them know when the contract is signed. The has to be given at a certain time so it does not interfere with the next time that is going to be administered. In her case she would have once a day in the PM time and we could administer it until 11 pm; after 12 am we do not do it; so they could have called us and we would go there to provide the services."

On at 9:20 am, 9:35 am, 10:19 am, 11am and 12:11 p tried to contact the Registered Nurse contracted by facility to perform Limited Nursing Services as needed and shall be available 24 hours a day to interview her on the phone and I was not able to contact her.

Participant # b tried to contact the Registered Nurse contracted by facility to perform Limited Nursing Services as needed from the facility ' s phone at 9:15am, 10 am, 11:15 am and was not able to speak to her.

Class II

0053-Medication - Administration 58A-5.0185(4) FAC

Based on observation facility failed to have a licensed staff member who must be available to administer medications in accordance with a health care provider ' s order or prescription label.

Findings include:

On at 9:20 am, 9:35 am, 10:19 am, 11am and 12:11 p tried to contact the Registered Nurse who is contracted by facility to perform Limited Nursing Services as needed and shall be available 24 hours a day to interview her and I was not able to contact her.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on observation facility failed to contract with a nurse that shall be available to provide Limited Nursing Services as needed by residents.

Findings include:

On at 9:20 am, 9:35 am, 10:19 am, 11am and 12:11 p tried to contact the Registered Nurse contracted by facility to perform Limited Nursing Services as needed and shall be available 24 hours a day to interview her on the phone and I was not able to contact her.

Participant # b tried to contact the Registered Nurse contracted by facility to perform Limited Nursing Services as needed from the facility ' s phone at 9:15am, 10 am, 11:15 am and was not able to speak to her.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
New Family Home, Inc
12748 Nw 98 Court
Hialeah, FL 33018

Re: CCR #2013006704

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 11/28/2013 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

