STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953319	12/09/2013
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 - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0074 - 58a-5.019(3)(b) - Staffing Standards - Personnel File (bgs) S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0126 - 58a-5.021(7) Fac - Fiscal - Resident Accounting S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was completed at My Home ALF, Inc on . There were deficiencies identified during this survey.

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

Based on record review and interview the assisted living facility failed to have a completed health assessment for 1 out of 6 (#5) sampled residents.

Findings include:

Record review found that the facility did not have a completed health assessment for resident #5. Record review found that resident #5's health assessment was missing page #4.

Interview with the administrator on at 11:37 a.m. revealed that the facility did not have proof of quarterly statements for residents who the facility is the representative payee.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on observations, record review, and interview the assisted living facility failed to have a written record of any significant changes for 1 out of 6 (#4) sampled residents.

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Findings include:

Record review found that the facility's last dated . . . . . Record review found that the facility did not have any notes from the facility for resident #4 from to .

Interview with the administrator on at 1:46 p.m. regarding the facility notes. He stated that there were no notes in record regarding changes in health. He stated she has been like this for years but admits that she was eating better than before. She is more when taking medication before she was not be able to swallow. Medications started to be crush , she started chewing her medications about 6 months ago and took a long time swallowing.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observations, record review, and interview the assisted living facility failed to provide ongoing activities program. The facility failed to provide offer scheduled activities to residents.

Findings include:

Observations on at 11:43 a.m. found that resident #4 was walking around the facility with staff #1. The other two residents were in the facility and they were offered to do hand exercises for 10 minutes. The facility's game games with missing pieces.

Interview with the administrator on at 1:28 p.m. confirmed that the facility did not have 2 hours of activities which were offered to the residents and he confirmed that the scheduled activities were not completed.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observations, record review, and interview the assisted living facility the assisted living facility failed to have a half bed rail doctor's order and a signed bed rail consent form for half bed rails for 1 out of 6 (#4) sampled residents.

Findings include:

Facility tour on at 8:31 a.m. found that resident #4 had 1/2 bed rails on her bed.

Record review found that the facility did not have half bed rail orders for resident #4 and did not have a signed half bed rail consent form.

Interview with the administrator on at 1:46 p.m. confirmed that the facility did not have a doctor's order for resident #4's bed rails and did not nave a signed consent form for resident #4's bed rails.

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Class III

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

Based on observations, record review, and interview the assisted living facility failed to ensure that licensed personnel administered medications to 1 out of 6 (#4) sampled residents per health care providers's order. The facility failed to report changes to the doctor regarding changes in 1 out of 6 (#4) sampled residents' method of taking medication.

Findings include:

Administrator stated on at 9:23 a.m. that Carol's medications need to be crushed because she has a hard time swallowing, she swallows but it takes a long time.

Medication pass observations on at 10:10 a.m. found that the administrator brought the pill crusher to resident #4 and staff #1 and poured the crushed medications onto a spoon which had grits on it. Resident #4's medication was fed to her by staff #1 who is not a licensed nurse or pharmacist.

Record review found that resident #4's health assessment dated stated "total assistance with administration of medications". Record review found that the facility did not have any documentation that a licensed personnel was administering medications to resident #4. Record review found that the facility did not have a doctor's order to crush resident #4's medications.

On at 1:46 p.m. reviewed medication mode with administrator, says he will check with insurance about nursing services and also with hospice but he will speak to the doctor. The administrator also stated that the facility did not have a doctor's order to crush resident #4's medication.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on observations, record review, and interview the assisted living facility failed to have a medication observation record for 1 out of 6 (#1) sampled residents. The facility failed to ensure that the staff member assisting residents with medications is the same staff member who initials the medication observation record for 2 out of 6 (#3 and #4) sampled residents. The facility failed to properly document the medication observation record for 1 out of 6 (#4) sampled residents.

Findings include:

Record review found that the facility did not have a medication observation records (MOR) for resident #1. Observations during medication pass on found that the facility had the following medications during the medication pass on from 9:07 to 10:10 a.m. for resident #1: .325 mg 40 mg, 25 mg, 00 mg, 50 mg, 40 mg, and .25 (bottle was empty).

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Interview with the administrator on at 9:30 a.m. revealed that he was unable to locate the MOR for resident #1.

Record review found on at 9:15 a.m. that resident #2's over the counter was not written on the MOR.

Interview with the administrator on at 9:15 a.m. confirmed that the facility did not have the over the counter written on the MOR for resident #2.

Observations on at 9:25 a.m. found that staff #1 assisted resident #3 with . Observations found that staff #1 gave resident #4 her crushed medication with her breakfast that she fed to her on at 10:10 a.m.

Record review found that the administrator initialed the MOR "M" for resident #3 on . Record review found that resident #4's MOR was also initialed by "M" on . Record review found that the MOR was initialed daily for PRN (per diem) medications for resident #4's 100 mg and Generalac sol 1 gm. Medications not given during medication review.

Interview with the administrator on at 10:10 a.m. confirmed that the MORs were initialed "M" but were given by staff #1. The administrator stated on at 10:10 a.m. medication ran out Saturday but MOR was initialed on and . Generalac MOR initialed daily and was reviewed with the administrator on at 10:13 a.m.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observations and interview the assisted living facility failed to have over the counter medications labeled for 1 out of 6 (#2) sampled residents.

Findings include:

Record review found on at 9:15 a.m. that resident #2's over the counter was not labeled with the resident's name.

Interview with the administrator on at 9:15 a.m. confirmed that the facility did not have resident #2's name written over the counter medications.

Class III

0074-Staffing Standards - Personnel File (BGS) 58A-5.019(3)(b)

Based on record review and interview the assisted living facility failed to have copies of completed background screenings in 2 out of 4 (#2 and #4) employees' personnel file.

Findings include:

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Record review found that the administrator did not have his most current back ground screening at the facility for review. Record review found that staff #4 did not have her completed background screening at the facility.

Interview with the administrator on at 1:36 p.m. confirmed that the most current background screenings for himself and staff #4 were not at the facility.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the assisted living facility failed to ensure that newly hired staff (#3 and #4) members have a freedom from communicable include statement with 30 days of employment. The facility failed to ensure that 2 out of 4 (#1 and #2) sampled staff members have annual freedom from statements.

Findings include:

Record review found that staff members #3 (application date) and #4 (application date) did not have freedom from communicable including statements at the facility. Record review found that staff #1 (caretaker) and the administrator's last freedom from ( ) statement was dated 2011. Both staff members did not have annual statements at the facility.

Interview with the administrator on at 1:36 p.m. confirmed that staff members sampled did not have current statements on file.

Class III

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

Based on record review and interview the assisted living facility failed to have a 24 hour staffing pattern available for review.

Findings include:

Record review found that the facility did not have a staffing schedule available for the month of . The facility was not able to provide a 24 staffing pattern.

Interview with the administrator on at 8:47 a.m. revealed that the facility did not have a staffing schedule for the month of which reflected the facility's 24 hour staffing pattern.

Class III

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0090-Training - 58A-5.0191(11) FAC

Based on record review and interview the assisted living facility failed to ensure that 4 out of 4 (#1, #2, #3, and #4) staff members had at least 1 hour of Training.

Finding include:

Record review found that staff members #1, #2, #3, and #4 did not have at least 1 hour of Training.

Interview with the administrator on at 1:36 p.m. revealed that himself and the three other staff members did not have the Training.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations, record review, and interview the assisted living facility failed to have a dated menu and failed to have menus planned at least one week in advance. The facility failed to document substitutions to the menu and failed to serve lunch by the portion sizes that were indicated on the menu.

Findings include:

Facility tour on at 8:42 a.m. found that the facility's menu that was posted in the front of the home was dated . The facility did not have a date menu available for review for . Observations also found that the facility did not have menus prepared that were planned at least one week in advance.

Interview with the administrator on at 8:42 a.m. confirmed that the menu posted was dated " " and that the facility did not have a dated menu for the day of the survey. After speaking to staff #1 he stated that the facility was on cycle 3. He was not able to provide menu that were planned and dated one week in advance.

Lunch observations found that residents were served ham and cheese sandwiches, slice of avocado, one tomato and a sprinkle of lettuce, and two slices of an orange. The menu stated 6 ounces (oz) soup of the day, chicken salad 3 oz on tortilla wraps (2) or (1), tomatoes (1 cup), and pineapple 1/2 (half) a cup. The facility did not follow the menu. the facility did not substitution items on the menu, and the facility did not offer the portion sizes on the menu to the residents. Residents were not served a cup of soup, they were not served 1 cup of tomatoes, and were note served 1/2 of cup of fruits.

Interview with the administrator on at 1:15 p.m. confirmed that the facility's menu was not followed and substitutions were not offered to the residents.

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0126-Fiscal - Resident Accounting 58A-5.021(7) FAC

Based on record review and interview the facility failed to have quarterly statements for 4 out of 6 (#3, #4, #5, and #6) sampled residents for who the facility is the representative payee.

Findings include:

Record review found that the facility was the representative payee for residents #3, #4, #5, and #6. Record review revealed that the facility did not have any evidence of having quarterly statements.

The administrator provided a list of residents who the facility was the representative payee on at 11:37 a.m. but failed to provide quarterly statements.

Class III

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

Based on record review and interview the assisted living facility failed to document weights for 1 out of 6 (#4) sampled residents who received assistance with activities of daily living every six months.

Findings include:

Record review found that resident #4's last weight was recorded . Record review found that the facility did not have weight recorded for resident #4 every since months. The facility's previous weight that was recorded for resident #4 was . Record review found that resident #4's health assessment required total assistance from the facility.

Interview with the administrator on at 1:46 p.m. confirmed that the facility has not recorded weights for resident #4 every 6 months.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on record review and interview the assisted living facility failed to complete a one day report and a fifteen day full report for 1 out of 6 (#6) sampled residents who eloped from the facility.

Findings include:

Interview with the administrator on at 2:00 p.m. revealed that resident #6 left the facility 16 said he was going to the bank at 3pm in the afternoon. He didn't come back, found by Miami Gardens PD (police department) on . They brought him here. PD said he was at Checkers 27 ave and Miami Gardens Dr. Police were called on at 9:30 a.m. and resident #6's friend/family in New York. Didn't complete incident

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report to the agency to report resident missing. When he was found he had stool all over himself and did not say what happened. He just said he was at checkers.

Record review found that the facility did not report the incident to the agency.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure 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 3/4/2014 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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