STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965261	02/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
New Home Senior Care, Inc	73 East 47 Street Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
L243-Lmh - Training-02/06/2014

Revisit Repeat Tags:

Revisit New Tags:
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs
0055-Medication - Storage And Disposal-58a-5.0185(6) Fac

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up survey was conducted on 6, 2014. New Home Senior Care, Inc had deficiencies at time of survey.

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

Based on observation and interview facility failed to comply with residents' rights related to privacy for one (Resident #1) of four sampled residents.

Findings include:

On , 2014 at 1:05p.m. Observed resident #1 in , #4 which contains 1 bed, a chair and a chest of drawers, contains a desk with a hutch with a computer, printer and office files, Interviewed resident #1 he stated, " I have been here for about 8 months, I sleep here, I get food in the morning and afternoon, she uses this an office sometimes she is in the or 3 hours, I get to use the the ."

When interviewed staff a. stated; " I will move him to another , I have the now."

Class III

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

Based on observation and interview the facility failed to ensure that medications were kept in a locked receptacle.

Findings include:

On , 2014 at 1:10 p.m. during tour the kitchen the medications cabinet was found to be unlocked.

Interview with administrator on , 2014 at 1:15 p.m. acknowledge it was unlocked.

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Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
New Home Senior Care, Inc
73 East 47 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

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