STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967061	01/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My New Home Alf, Inc	7151 Sw 42nd Street Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial survey was conducted on , 2014. My New Home had the following deficiencies at time of survey

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

Based on record review and interview the facility failed to have an acting administrator working in the facility. the administrator did not passed the coreexam.

Findings includes:

1. Record review revealed that the administrator (staff (a) hired) failed the CORE examination 3 times. There is no further docuementation showing a successful completion or that a Change of Administrator form has been submitted ot the unit.

2. Interview with the administrator on - at 3:00pm, she confirmed the findings in regards that she has failed the Core examination three times in the past and did not have any documentations to show had ever passed the examination to be an administrator in the facility.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview facility failed to have a clean and safe environment for the safety and well bing of the residents living in the facility.

Findings includes:

1. Observation of the rear area of the facility patio section there is a large hole with the tank top showing out of the ground in which is very dagerous for the residents who may go out back to smoke cigarettes or just to walk outside to the area. Photos from different angles were taken as evidence of the potential dangers. Ohther picture show four mattreses outside two were in the standing position on the back wall of the facility right corner of the building and there are four more on the side of the building. Observation of a washer and dryer on the side of the facility where the 4 mattresses, observed the washer has a very rusty top on it. Up above the washer and dryer area observed areas under the roof a lot of peeling paint and rottening wood (photos taken) as evidence. Back on the wooden fence area of the facility observed two metal bed frames (photo was taken), on the patio area observed two chairs with ripped seating pads (photo was taken). Further back in the yard observed a large pile of sut down shrubbery whcich would harbor rodents (photo taken of that area). Back inside the facility in # observed the wall air conditioning is missing the face small vent cover with the electric plung placed

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inside (photo taken) .

2. Interviewed administrator on at 3:00pm, she confirmed the findings in regards to the environmental dangers in and around the facility grounds.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
My New Home Alf, Inc
7151 Sw 42nd Street
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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 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

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