STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953319	05/22/2014
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)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-05/22/2014

Revisit New Tags:
0054-Medication - Records-58a-5.0185(5) Fac
0055-Medication - Storage And Disposal-58a-5.0185(6) Fac

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Specific Tag Findings:

0000-Initial Comments

A unannounced 2nd Follow-up to Standard Survey was conducted on May 22, 2014. The previous deficiency was found corrected. My Home ALF had new deficiencies identified at time of survey.

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

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 (MOR) maintained for 1 out of 3 (#1,2, and 3) sampled residents.

Findings include

Record review on of the MOR for resident #1 medications at 9 a.m. (Aledronate 70mg, 10mg, 25 mg, POT 25 mg, 0.3 mg, 100 mg, 20 mg, 54 mg, 325mg, Sol 50mcg, Levothyroxin 50mg, 10mg, POT CL Micro 10meq CR, and Simvastin 40mg)were not initialed.

Record review on of the MOR for resident #2 medications at 9 a.m. (Citalpram 20mg, 25-200 mg, Lisinpril 2.5mg)were not initialed.

Record review on of the MOR for resident #3 medications at 9 a.m. (325mg, 100 mg, Metroprol TAR 50 mg, 40mg, 25 mg, D3 200 units)were not initialed.

Interview on at 10:00 a.m. with staff A stated, " I was waiting for the administrator to come and show me how to do it because he usual does it. I gave the medication this morning."

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Class III

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

Based on observations, record review, and interview the facility failed to ensure that centrally stored medications must be kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times for 2 out of 5 (#1 and #5) sampled residents and failed to document resident's record of abandoned medications for 1 out of 5 (#5) residents.

Findings include:

Observations made on at 9:00 a.m. during tour of the kitchen found unlocked medication in the microwave. Medication found were as follows: Resident #1- Sol 10gm/15; Resident #5- 10 gm/15 ml Sol; and over the counter medications: Almebex Plus , tablets 750 mg, 2 bottles of Q- - chest 4 FL ounces.

Record review of the admission discharge found that resident #5 was no longer at facility and discharge on .

Interview with administrator on at 10:45 a.m. stated, "I contacted the family and they never came. I did not document in the resident record."

Class III

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 Second Revisit to a Standard Biennial Survey conducted on May 22, 2014 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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 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 at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:
Enclosure

YOSF

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