AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 04/03/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967061	
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Complaint (CCR #2015001461) Investigation Survey was conducted on , 2015 and concluded on , 03, 2015. My New Home ALF, Inc had the following deficiencies found at time of the survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, for 1 out of 5 (#4) sampled residents.

Findings included:

Record review showed Resident #4 was admitted to facility on . There was no documentation that the facility discharged Resident #4 for fighting with other residents or any documentation that resident had and became aggressive. Record review of the Income/Expense Statement showed Resident #4's representative paid $733 for the month of . There was no documentation that a refund was provided to Resident #4's representative after the resident was and sent to the hospital.

Interview on at 11:51 AM to 12:16 PM the Owner stated, "She went to the program. She had that day and became aggressive. They did a and took her to the hospital. We did notify her mom about what happened."

Class III

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

Based on observations and interview the facility failed to keep centrally stored medications locked up at all times. The facility failed to return all medications for 1 out of 5 (#4) sampled residents representative.

Findings included:

Facility tour on at 9:00 AM found medication unlocked in the refrigerator door next to a locked box.

Interview with the staff on at 10:05 AM stated, "It's for her my cousin."

Tour of medication cabinet once opened revealed Resident #4's medications which showed the last medication was taken on , 2015.

The owner ' s husband arrived on at 10:30 AM. He stated " Resident #4 is no longer here. "

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967061	**04/03/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review, and interview the facility failed to have an up to date admission and discharge log.

Findings included:

Record review of the admission and discharge log shows six residents listed including Resident #4.

Tour of medication cabinet once opened revealed Resident #4's medications which showed the last medication was taken on , 2015.

The owner ' s husband arrived on at 10:30 AM. He stated " Resident #4 is no longer here. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. , 2015

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

RE: CCR #2015001461

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was conducted on 16, 2015 and concluded on , 2015 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
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