STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964385	**04/29/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MY FAMILY HOME	**662 WEST 50 STREET HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on . My Family Home with Limited Mental Health (LMH) components had the following deficiencies found at time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and observations the facility failed to ensure that 2 out of 6 (4 and 5) sampled residents did not require total assistance with activities of daily living.

Findings included:

Record review showed Resident #4's health assessment dated required total assistance with toileting and transferring. Record review showed Resident #5's health assessment dated required total assistance with .

Observed on Residents #4 and 5 sitting in the living television and sleeping.

Class III

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

Based on record review and interview the facility failed to have two out of four (B and C) sampled employees had a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable with 30 days of employment and failed to have evidence of a negative examination documented on an annual basis.

Findings included:

1. Record review revealed Employee B. (Caretaker) started on . The facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable with 30 days of employment. Record review found Employee C. (Caretaker) last negative exam was dated . The facility failed to have evidence of a negative examination documented on an annual basis.

2. Interviewed the Owner on at 4:30 pm, she confirmed the findings in regards to both employees B C not having their up to date physical examinations.

Class III

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

0152 Continued From page 1

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

Based on observation and interview the facility failed to have a clean and safe environment for the resident living at the facility.

Findings included:
1. Observed on a black spotty section of the upper wall over the doorway of the shower area. The was dim because one of the lights bulbs was not working. The ceiling fan made a loud noise when turned on and observed the wiring through the fan. In the resident area, the window did not have a curtain and from the outside of the facility anyone could see a resident taking a shower. In residents #1 and 2 the closet doors were off the track.
2. Interviewed the Owner of the facility on at 3:55 PM, she confirmed the findings in regards to the physical plant findings.
Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview two out of six (#2 and 6) sampled residents did not have a Power of Attorney (POA).

Findings included:

1. Record review for Residents #2 and 6, both charts of these residents did not have a POA in them at the time of the survey. Resident #2 was admitted on and Resident #6 was admitted on . Both of these residents family members have been signing documents including the residents contracts without a POA.

2. Interviewed Owner on at 4:40 PM, she confirmed the findings in regards to both Residents #2 and #6 did not have a POAs in their charts.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to have two out of four (C and D) sampled employees received 6 hours of limit mental health (LMH) training with 6 months of employment.

Findings included:

1. Record review revealed that Employee C. (Caretaker) started on and Employee D. (Administrator) started on . The facility failed to ensure that staff members received 6 hours of limit mental health

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

L243 Continued From page 2

(LMH) training with 6 months of employment.

2. Interviewed the Owner of the facility on at 4:40 PM, she confirmed the findings in regards to both the Caretaker and Administrator not having their LMH training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
My Family Home
662 West 50 Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted 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
XG90

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