STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967061	**05/20/2015**
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)

0000 - Initial Comments

A Change of Ownership (CHOW) Survey was conducted on , 2015. My New Home ALF, Inc with Limited Mental Health component had the following deficiencies identified at time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed ensure Administrator who supervised a maximum of three assisted living facilities appointed in writing a separate manager for each facility.

Findings included:

Record review of staff files found the facility did not have a Manager appointed at the facility. The facility also did not have a record for a Manager.

A Internet search of the Florida Facility Finder found the Administrator supervised three licensed facilities.

Interview with the Administrator on confirmed the facility did not not have a Manager appointed.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview the facility failed to ensure one out of five (E) sampled staff completed the one time education course on and .

Findings included:

Record review of Staff E's file (hired) found no documentation proving the staff member received the / training.

Interview on //15 at 3:30 PM the Administrator verified Staff E did not have the training after review of her file.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observations and interview the facility failed to ensure one of five (C) sampled staff prepared and served meals in a sanitary and safe manner.

Findings included:

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0093 Continued From page 1

Observations made on of Staff C from 9:30 Am to 12:00 PM. found a pair of gloves she had on from the time surveyor entered facility. She was observed through out the day cleaning the kitchen, preparing the meal, cutting the meat, placing it in a pot, going outside, returning serving the meal , and cleaning the dishes with the same gloves on the entire time. The gloves were not removed during the survey process from 9:30 AM to 12 PM.

Interview with the Administrator on , she was questioned why Staff C did not change her gloves and she stated, "She usually does."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Change of Ownership 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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