

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967061	(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER MY NEW HOME ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 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) Revisit Survey was conducted on May 20, 2015. My New Home ALF, Inc with Limited Mental Health had a deficiency found at time of the survey.

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

Based on record review and interview the facility failed to have a current health department inspection.

Findings included:

Observation on at 10:10 AM during tour found the health department inspection report posted on wall dated for and expired on .

Interview with the Administrator on at 3:30 PM stated no one has come out yet to complete it.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11967061(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit

Name of Facility

MY NEW HOME ALF, INC

Street Address, City, State, Zip Code

7151 SW 42ND STREET
MIAMI, FL 33155

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0025	Correction Completed	ID Prefix A0055	Correction Completed	ID Prefix	Correction Completed
Reg. # 429.26(7) FS: 58A-5.0182(1)		Reg. # 58A-5.0185(6) FAC		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS ROReviewed By

Reviewed ByDate: 7/1/15
Date:Signature of Surveyor:
Signature of Surveyor:Date:
Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Complaint revisit survey conducted on , 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 31, 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

