STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964385	R
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 Revisit Survey was conducted on 01, 2015. My Family Home with Limited Mental Health component had a deficiency found at time of the survey.

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint in writing a separate manager for each facility. The Administrator supervised three assisted living facilities.

Findings included:

Record review on found a Letter of Delegation that listed has the owner. Record review of a staff files found the facility did not have a manager listed for the facility. An internet search of the facility finder website found the Administrator supervised three licensed facilities.

Interview on at 10:50 AM the Administrator stated she does no know if there is a manager.

Interview on at 11:00 AM the owner stated I have two facilities with the same Administrator and I only have myself the owner and the Administrator only." She acknowledged the facility did not have a manager appointed for either facility.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11964385	A. Building B. Wing	7/

Name of Facility

MY FAMILY HOME

Street Address, City, State, Zip Code

662 WEST 50 STREET
HIALEAH, FL 33012

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 **A0010** Reg. # **429.26(1&9) FS: 58A-5.018** LSC	Correction Completed	ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC	Correction Completed	ID Prefix **A0152** Reg. # **58A-5.023(3) FAC** LSC	Correction Completed
ID Prefix **A0167** Reg. # **58A-5.025 FAC** LSC	Correction Completed	ID Prefix **AL243** Reg. # **429.075(1) FS: 58A-5.0191(** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	**Reviewed By**	**Date:** 7/15	**Signature of Surveyor:**		**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		**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 DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Biennial 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 20, 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

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