STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965261	07/30/2015
NAME OF PROVIDER OR SUPPLIER **NEW HOME SENIOR CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **73 EAST 47 STREET** **HIALEAH, FL 33013**	

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

0000 Initial Comments

A Standard Biennial was conducted on , 2015. New Home Senior Care, Inc with Limited Mental Health and Limited Nursing Services components had the following deficiencies identified at time of the survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview the facility failed to have a written order for bed rails for one out of five sampled residents (#3).

Findings included:

On at 9:00 AM during tour of # found full rails on Resident #3's beds.

Record review found Resident #3's file contained a signed consent dated but the facility did not have the full bed rail order. There was no order for full bed rail in resident's records and hospice file.

Interview conducted with the Administrator on at 3:45 PM confirmed the facility did not have the order for Resident #3's full bed rails and would have hospice fax it.

Class: III

0189 ADCCs in ALF

Based on observation, record review, and interview the facility failed to provide services such as social, recreational and respite services to 1 out of 6 (#6) daycare participant.

Findings included:

Tour conducted on at 9:30 AM of common area found Participant #6 sitting outside.

Record review of the Daycare Log showed Participant #6 listed as a daycare resident admitted on . Record review of Participant #6's file revealed a letter dated that stated the facility would provide adult daycare services.

Observation on revealed Participant #6 seated watching TV from 9:30 AM to 12:00 PM, then Participant #6 (Daycare) stood up and walked to dining table to start to eat lunch. On / at 12:35

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PM after Participant #6 had lunch he was seated back in front of the TV. There were no activities offer to Participant #6 from 9:30 to 3:00 PM.

Interview on [redacted] at 9:45 AM Participant #6 stated, "I am a daycare. My daughter drops me off in the morning and picks me up in the afternoon. I just watch television and walk around when I ' m here."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
New Home Senior Care, Inc
73 East 47 Street
Hialeah, FL 33013

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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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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