STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953319	07/30/2015
NAME OF PROVIDER OR SUPPLIER **MY HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **290 NW 188TH STREET** **MIAMI, FL 33169**	

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

0000 Initial Comments

A Standard Biennial Survey was completed at My Home ALF, Inc on ,2015. There were deficiencies identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to have a completed health assessment for one out of six (#6) sampled residents at the time of the survey.

Findings included:

1. Record review revealed that Resident #6 did not a completed health assessment. Resident #6 was admitted to the facility on -

2. Interviewed the Administrator on at 4:00 PM, he confirmed the findings in regards to Resident #6 not having a completed health assessment.

Class III

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to discharge one out of six (#5) sampled residents who no longer met the continued residency requirements. The resident required total care for activities of daily living (ADLs).

Findings included:

1. Record review revealed Resident #5's last health assessment was dated - . The health assessment had the following for ADLs: Bathing marked (T) for Total Care/ Dressing (T) for Total Care/ Eating (T) for Total Care/ Self Care ( ) (T) for Total Care Record review found at the time of the survey Resident #5 was in hospital for a throat since .

2. Interviewed the Administrator on at 3:00 PM, he confirmed the findings in regards to Resident #5 having five out of seven ADLs on the Health Assessment as total care.

Class III

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0054 Medication - Records

Based on record review and interview the facility failed to have a daily medication observation record (MOR) for one out six (#1) sampled residents.

Findings included:

1. Record review revealed that Resident #1 did not have a MOR for the month of 2015 at the facility. The last copy of the MOR which was blank was for time period

2. Interviewed the Administrator on at 3:00 PM, he stated that he did not have a medication chart for the month of in the MOR for this Resident and the pharmacy did not make one for that month for his facility.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have two out of four sampled employees (B/C) did not have evidence of negative examinations documented on an annual basis. The facility failed to have one out of four sampled employees (D) written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable

Findings included:

1. Record review revealed Employees B/C (Caretakers)'s last examinations were x| mployee B.'s exam expired on - and Emplovee C.'s last examination was dated - Employee D. (Caretaker) started on - - and did not have written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days of employment.

2. Interviewed the Administrator on at 3:00 PM, he confirmed the findings in regards to staff not having the documentation at the facility.

Class III

0081 Training - Staff In-Service

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Based on record review and interview the facility failed to have one out of four sampled employees (D) trained in the areas Control/ Safe Food Handling/ Reporting Adverse Incidents/ Emergency Procedures/ Residents Rights/ Recognizing and Reporting , Neglect and / Resident Behavioral Needs/ ADLs/ Elopement Response Policies and Procedures.

Findings included:

1. Record review revealed Employee D. (live in Caretaker) started on - - . The employee did not have any documentation in her file showing the training in Control/ Safe Food Handling/ Reporting Adverse Incidents/ Emergency Procedures/ Residents Rights/ Recognizing and Reporting , Neglect and / Resident Behavioral Needs/ ADLs/ Elopement Response Policies and Procedures within 30 days of employment.

2. Interviewed the Administrator on at 3:00 PM, he confirmed the findings in regards to Employee D. not having the in-service training.

Class III

0082 Training - /

Based on record review and interview the facility failed to have one out of four sampled employees (D) trained in / .

Findings included:

1. Record review revealed Employee D. (live in Caretaker) started on - The employee did not have any documentation in her file showing any training in the areas of / .

2. Interviewed the Administrator on at 3:00 PM, he confirmed the findings in regards to Employee D. not having the training in / .

Class III

0083 Training - First Aid and

Based on observation, record review, and interview the facility failed to have one out of four sampled employees (D) train in First AID/ . The facility failed to ensure that at least one staff member has FIRST AID/ training at all times.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

1. Observations on found Employee D. in the facility alone caring for a census of six residents.

2. Record review revealed Employee D. (live in Caretaker) started on - - . Thi ployee did not have any documentation in her file showing any training in the areas for First AID/ .

3. Interviewed the Administrator on at 3:00 PM, he confirmed the findings in regards to Employee D. not having training in First AID/ .

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to have one out of four sampled employees (A) trained in assistance with self-administration of medication.

Findings included:

1. Record review revealed Employee A. (Administrator) last assistance with self-administration of medications training was dated - . Employee A.'s file did not have any documentation that the staff member received 2 hour of training annually.

2. Interviewed the Administrator on at 2:00 PM, he confirmed the findings in regards to not having his updated certificate for assistance with self-administration of medications.

Class III

0090 Training -

Based on record review and interview the facility failed to have one out of four sampled employees trained in ( ) training.

Findings included:

1. Record review revealed Employee D. (live in Caretaker) started on - - . This employee did not

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have any documentation in her file showing any training in within 30 days of employment.

2. Interviewed the Administrator on at 3:00 PM, he confirmed the findings in regards to Employee D. not having training in .

Class III

0093 Food Service - Dietary Standards

Based on record review and interview facility failed to have a dietitian license updated at the time of the survey.

Findings included:
1. Record review revealed that the facility dietitian's license was expired on , 2015 and the facility did not have a new license for the dietitian at the time of the survey.

2. Interview Administrator on at 3:30 PM, he confirmed the finding s in regards that the facility dietitians license had expired on ,2014 and a up to date license had not been placed in the facility at the time of the survey.

Class III

0161 Records - Staff

Based on record review and interview the facility failed to have one out of four sampled employees (D)'s completed job application with references.

Findings included:

1. Record review revealed Employee D. (live in Caretaker) started on - - . This employee did not have a completed job application with references in the file.

2. Interviewed the Administrator on at 3:00 PM, he confirmed the findings in regards to Employee D. not having a completed job application with references.

Class III

0162 Records - Resident

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and interview the facility failed to have any weights for a resident at the time of admission and a signed informed consent for unlicensed staff to assist with medications for one out of six (#6) sampled residents.

Findings included:

1. Record review revealed that Resident #6 was admitted on - . The facility did not have any weights for this Resident at the time of admission. The facility also did not have a signed informed consent for unlicensed staff to assist with medications

2. Interviewed the Administrator on at 3:00 PM, he confirmed the findings in regards that Resident #6 did not have any weights taken at admission and did not have the signed form.

Class III

0181 Emergency Plan Approval

Based on record review and interview the facility failed to have documentation that the Comprehensive Emergency Management Plan was reviewed annually.

Findings included:

1. Record review revealed that the facility's Comprehensive Emergency Management Plan was dated - . The facility did not have any documentation that it was reviewed annually.

2. Interviewed the Administrator on at 3:00 PM, Administrator confirmed the findings in regards to not having reviewed Comprehensive Emergency Management Plan.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview the facility failed to ensure one out of four sampled employees (D) had a completed Level II background screening prior to providing care and services to a census of 6 residents.

Findings included:

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1. Observations on found Employee D. in the facility alone caring for a census of six residents.

2. Record review revealed Employee D. (live in Caretaker) started on - - . This employee did not have any documentation in her file showing a completed Level II background screening. The background screening website was check and Employee D was not found.

3. Interviewed Employee D on at 2:00 PM, she stated "I am the live in staff at this time"

Interviewed the Administrator on at 3:00 PM, he confirmed the findings in regards to Employee D. not having a Level II background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
My Home Alf, Inc
290 Nw 188th Street
Miami, FL 33169

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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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

XG90

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