STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965261	R
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 revisit survey was conducted at New Home Senior Care, Inc. on . New Home Senior Care, Inc. had deficiencies at the time of the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observations and interviews, the facility failed to ensure that two of eight sampled residents (Residents #3 and #4) were treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. The facility also failed to safeguard resident privacy by allowing the staff to sleep in the resident's by not providing a separate passage for a resident to use the facilities services without going through another resident's ."

Findings included:

On at 10:05 AM facility tour found # with two beds; Resident #3 was outside on the patio. On at 10:10 AM when the staff was questioned about the other bed in the , Staff B. stated, "no one sleeps there, so I sleep here at times."

Observed through an open door next to the second bed in # another resident in a wheel chair (Resident #4), Staff B. stated, she is not a resident, she is taken care of by another lady.

On at 10:45 AM interviewed Resident #4 and she stated, "I receive everything here from them. Staff B. helps me shower every morning, she takes me to the I help as much as I can, they prepare my meals and bring them to my take care of my medications."

On / / at 10:45 AM Staff A. stated, "Resident #4 has been living here for about four - five months, but I can't have her in a regular I have a male taking up a himself. She is independent. I don't have a resident file or health assessment on her."
Uncorrected Class III

0079 Staffing Standards - Levels

Based on record review and interview, the facility failed to have qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs and resident care standards for eight out of eight sampled residents, (Resident #1,2,3,4,5,6,7 and 8).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965261	R 10/09/2015
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
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Findings included:

On at 9:45 AM arrived to the facility observed three residents (Resident #1, 2 and 3) at the outside patio, Resident #3 was asked if the Administrator was on the premises, he replied, "no, but Staff B. is in the facility." The door was knocked, Resident #3 stated, "The door is open, just walk in." The facility was entered, agency personnel announced themselves, observed Resident #7 in her TV, she was asked about Staff B. Resident #7 stated, she might be at the back of the house." On at 9:47 AM Resident #2 walked in from the outside and asked me if Staff B had come to greet me, I replied, " no. " Resident #2 then went towards the back of the facility and on at 9:49 AM came back with Staff B.

Facility tour found the facility had eight residents (the facility was over its licensed capacity) and one staff member working.

On at 9:49 AM interviewed Staff B., she stated, " I am the only employee here."

On at 11:25 AM Staff A. stated, "I can't afford two employees or be here all day, I have kids, who is going to take care of my kids."

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to ensure resident records included a copy of the residents' contracts and records including the name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency for three out of eight sampled residents (Residents #4, 7 and 8).

Findings included:

Record review on revealed three residents did not have files including copies of residents' contracts and records including the name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency.

On at 10:32 AM Staff A. stated, "Resident #7's niece decided to leave her as a resident as she had to go to Colombia on a family emergency. We still don't have her resident file paper work because her niece is in Colombia and I haven't been able to talk to her."

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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)

On at 10:45 AM Staff A. stated, "Resident #4 has been living here for about four - five months, but I can't have her in a regular I have a male taking up a himself. She is independent. I don' t have a resident file or health assessment on her.
On at 11:21 AM Staff A. stated, "I didn't now Resident #8 was living here."
Class III

Z827 Unlicensed Activitv

Based on observation, record review, and interview, the facility exceeded its operating license by providing assisted living services to a total of eight (8) residents while being licensed for six (6) bed.

Findings included:
On at 10:05 AM facility tour found # two beds, Residents #1 and #2 (both outside in the patio) and # two beds, Resident #3 (outside in the patio). Observed through an open door next to the second bed in # another resident in a wheel chair (Resident #4), Staff B. stated, "she is not a resident, she is taken care of by another lady".
On at 10:45 AM interviewed Resident #4 and she stated, "I receive everything here from them. Staff B. helps me shower every morning, she takes me to the I help as much as I can, they prepare my meals and bring them to my take care of my medications."
two beds, Residents #5 and Resident #6 (hospice residents, both residents in bed sleeping) and # one bed, Resident #7, Staff B identified her as a daycare resident. She was not in the ; Staff B. went to the outside patio and asked Resident #2 if she had seen Resident #7, Resident #2 stated, "She is in the ."
On at 10:30 AM Interviewed Resident #2, asked her if Resident #7 resided at the ALF and she stated, "she lives and sleeps here, she is usually in the TV, her the one by the kitchen."
On at 10:35 AM interviewed Resident # 7 and asked her if she was dropped off or picked up on a daily basis, she stated, "I've lived here about two years, this is my home, I live here and I have everything of mine here, I don't leave to go anywhere, it is where I live."
While in the dining area of the facility observed an older lady coming from behind the home to the front patio, Staff A. stated, "She lives next door. " On / at 11:10 AM continued tour, went out to the back yard, observed an efficiency apartment at the back, the front door was open and the older lady observed earlier was in the , her name was asked. Resident #8, asked her do you live here?, she stated, "I sleep here, I've been in the United States about four years, asked her if she had any medications, she stated, "my medications are here, she showed a small plastic bag with pill bottles, I take my own medications and I cook here."
On / at 10:32 AM Staff A. stated, "Resident #7' s niece decided to leave her as a resident as she had to go to Colombia on a family emergency. We still don ' t have her resident file paper work because

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(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

her niece is in Colombia and I haven ' t been able to talk to her. "
On I/ at 10:45 AM Staff A. stated, "Resident #4 has been living here for about four - five months, but I can ' t have her in a regular I have a male taking up a himself. She is independent. I don ' t have a resident file or health assessment on her.
On / at 11:15 AM Staff B stated, "she is my mom; she lives next door with my brother. "
On / at 11:21 AM Staff A. stated, "I didn't now Resident #8 was living here."
Unclassified Deficiency

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 revisit survey conducted on , 2015by 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 , 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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