STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953319	R
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 revisit survey was conducted on , 2015. My Home ALF had deficiencies found at the time of the survey.

0054 Medication - Records

Based on record review and interview the facility failed to maintain the daily the medication observation records (MORs) for five out of six (#1-5) sampled residents.

Findings included:

Record review on at 9:10 am revealed Residents 1-5' s MORs were not signed/initialed as given from , 2015 to , 2015.

Interview on at 9:10 am the Administrator stated, " I always forget to sign the MORs."

Uncorrected Class III

0083 Training - First Aid and

Based on observation, record review, and interview the facility failed to have three out of three sampled employees (Administrator, Staff A and B) trained in First Aid and . The facility failed to ensure that at least one staff member has First Aid and training at all times.

Findings included:

Arrived to the facility on and found the Administrator in the facility alone caring for a census of six residents.

Record review revealed the Administrator, Staff A and B's last First Aid and training expired . The facility failed to ensure that at least one staff member had First Aid and training at all times.

Interviewed the Administrator on at 3:00 PM, he confirmed the findings in regards to him and Staff A and B not having training in First Aid and training.

Uncorrected Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0093 Food Service - Dietary Standards

Based on observations, record review, and interview the facility failed to have a posted menu. The facility also failed to have diet orders for two out of six (#1 and #6) sampled residents. The facility failed to have three day emergency food and water supply for a census of 6 residents.
Findings included
Observation on at 9:15 am found the facility did not have a three day emergency food supply or water in storage at time of survey. Observation on at 9:30 am revealed the facility did not have menu posted available for review.
Interview on at 10:00 am the Administrator stated, "The emergency food and daily use food are together."
Observation on at 11:04 am showed the Administrator feeding Resident #5 breakfast, oatmeal with milk. Observation on at 1:30 pm found the Administrator feeding Resident #5 lunch which was puree noodle soup.
Interview on at 11:30 am the Administrator stated, " Resident #5 is fed when she has her bath by whoever works at the Hospice but she was late, today."
Record review on revealed the facility did not have diet orders for Residents #1 and 6.

Uncorrected Class III

0161 Records - Staff

Based on record review and interview the facility failed to have one out of four sampled employees' (C) completed employment application with references.
Findings included:
Record review revealed Staff C, live in caretaker, did not have a completed employment application with references on file.
Interview on at 8:05 am the Administrator confirmed that Staff C worked in the facility, and she started to work recently. He confirmed there was no employment application with references on file for Staff C.
Interview on between 9:00 am - 10:30 am. Residents 1 and 2 confirmed that Staff C worked in the facility.
Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review, and interview the facility failed to ensure one out of four sampled employees (C) had a completed Level II background screening prior to providing care and services to a

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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)

census of 6 residents. The facility also failed to ensure that two out of four sampled employees (Administrator and Staff A) had eligibility results from the background screening unit.

Findings included:

Observations on at 8:00 am found Staff C in employee's .....

Record review revealed Employee C, live in caretaker, did not have any documentation showing she had a completed Level II background screening. The background screening website was check and Staff C did not have a completed background screening.

On at 8:05 am the Administrator stated, "This is the first time she worked as a caregiver; she is on training, and today is her day off. "

Interviews on between 9:00 am - 10:30 am with Residents #1 and 2 revealed Staff C works in the facility assisting with medication, cooking, and cleaning. They also reported that she has been working on her own a month ago.

Record review found the Administrator and Staff A's background screening stated "awaiting privacy policy." The facility did not have any documentation that both screenings were eligible.

Interview on at 3:00 pm the Administrator acknowledged the findings in regards to Employee C not having a Level II background screening.

Unclassified Deficiency

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11953319	A. Building B. Wing	10/5/2015

Name of Facility	Street Address, City, State, Zip Code
MY HOME ALF, INC	290 NW 188TH STREET MIAMI, FL 33169

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0008** Reg. # **429.26(4-6) FS; 58A-5.0181** LSC		ID Prefix **A0010** Reg. # **429.26(1&9) FS; 58A-5.018** LSC		ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC	
ID Prefix **A0081** Reg. # **58A-5.0191(2) FAC** LSC		ID Prefix **A0082** Reg. # **58A-5.0191(3) FAC** LSC		ID Prefix **A0084** Reg. # **58A-5.0191(5) FAC** LSC	
ID Prefix **A0090** Reg. # **58A-5.0191(11) FAC** LSC		ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC		ID Prefix **A0181** Reg. # **58A-5.026(2) FAC** LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency — **Reviewed By** — **Date:** 10/28/15 — **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 Home Alf, Inc
290 Nw 188th Street
Miami, FL 33169

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

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

Miami Field Office
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Miami, FL 33166
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