STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953319	10/09/2015
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 complaint (CCR# 2015009558) survey was conducted on , 2015 and concluded on 09, 2015. My Home ALF had deficiencies at the time of the survey.

0025 Resident Care - Supervision

Based on observation, record review, and interview facility failed to have written information of two out of six (#3 and #5) sampled residents regarding significant changes related to their health condition.

Findings included:

According to Administrator on , the facility did not have any residents receiving home health services. However, three pens and a bottle of levimir in a pink box (unlocked) was found in the refrigerator. There were two orders of 34 units (Injected / 100 unit / ML) inside of the refrigerator that belonged to Resident #3.
Interview on at 2:00 pm the Administrator stated, "There is no record for the administration for Resident #3 because he administered himself; There is no order because his sister has it. He asks for the when he feels funny."
Record review revealed Resident #3 did have any orders or home health records.
On at 2:15 pm Resident #3 stated, "I am , and I take my pills for my ." Resident #3 did not remember about the injection at time of interview later then he state, "Well I inject myself ... No I have not tried today."

Observation on at 8:30 am revealed Resident #5 had a tube.

Record review on revealed Resident #5's progress notes did not reflected any information regarding the tube. Record review on revealed a plan of care signed on / which stated, "NPO/ Start on new medications take 325 mg of tablet (325 mg (106 mg iron tablet) by Tube Daily. Start new medications: take 25 mg of tablet (s) by Tube Daily. "

Interview on at 8:30 am the Administrator stated, "Resident #5 is not using the ."

On at 10:28 am interview with hospice nurse manager, she stated that Resident #5 is not using the .

Class III

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0026 Resident Care - Social & Leisure Activities

Based on observation, record review, and interview the facility failed to have an activities calendar posted.
Findings included:
Observation on at 9:10 am revealed the facility did not have an activities calendar posed.
Facility record review on revealed that there was no activities calendar to review.
During an interview on the Administrator acknowledged that the activities calendar was not posted.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview the facility failed to limited physical to half bed rails for one out of six sampled residents (5).

Findings included:

Observation on at 8:30 am during tour found a wheelchair against Resident #5's bed.
Interview on at 8:30 am the Administrator stated, "Resident #5 does not have a 1/2 bed rail because she does not need it, the chair is just in case.
Class III

0032 Resident Care - Elopement Standards

Based on record review and interview the facility failed to have at least 2 elopement drills performed per year. The facility also failed to have an elopement policy and procedures.

Findings included:

Record review on revealed the last elopement drill dated on . Further record review revealed the facility did not have elopement drill policy and procedure.

Interview on at 1:00 PM the Administrator stated that there was no elopement drills at the facility. He stated, "yes, I need to update elopement drills and keep/follow the policy and procedure. "

Class III

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0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to provide proper assistance with self-administration of medication for four out of six (1, 3, 4 and 6) sampled residents.

Findings included:

Observation on at 9:30 am found the Administrator took Residents #1, 3, 4, and 6's pill organizer and poured them into disposable plastic cup for each residents. The Administrator put the cup of each resident next to their breakfast, medications were left with no supervision, and residents were not observed while they took their medications.

Observation on from 9:30 am - 9:36 am revealed the Administrator did not explain medication procedure or sign the medication observation record (MOR).

Interview on at 2:20 pm the Administrator acknowledged that he did not provide proper assistance with self-administration of medication to residents.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to keep centrally stored refrigerated medications locked for one of six (#3) sampled residents.
Findings included:
Observation on at 9:30 am revealed three pens and a bottle of Levimir in a pink box (unlocked) in the refrigerator, and medications (Injected /100 unit/ML) inside of the refrigerator (out of the box) that belonged to Resident #3.
Interview on at 9:30 am the Administrator acknowledged the facility did not have medications locked inside of the refrigerator.
Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview the facility failed to have a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings included:

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Observation on at 9:10 am found the staffing pattern posted on the board was for the month of 2015.

Record review on revealed the facility failed to have a 24 hour staffing patten.

Interview on at 11:00 am the Administrator confirmed that those documents were not updated at time of survey.

Class III

0125 Fiscal - Surety Bonds

Based on interview and record review the facility failed to obtain and maintain a surety bond for twice the amount of money handled for 1 (#5) out of 6 sampled residents the facility was acting as representative payee for.

Findings included:

Record review found the Administrator was the payee for Resident #4's social security check. Record review on revealed the facility did not have a surety bond.

Interview on 3:00 pm the Administrator stated, "I am Resident's #5 surrogates."

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe living environment for residents.

Findings Included:

Observation on at 9:00 am revealed the following information:

1- Staff sheet rock
2- The refrigerator inside of the food storage was not clean
3- A roach was found on the floor
4- # 's window (inside) was not clean

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5- # 's closet had water stains on the dropped ceiling
6- The dining 's dropped ceiling also had water stain.
7- The 3 and 4 needed to be cleaned
8- Left side of the backyard was full of debris
9- Resident #1' s , which was at the rear side of the house has stained and marks on the wall, the door was dirty and marked up
10- A broken refrigerator was observed with food inside
11- What appeared to be mold was observed in the main underneath the kitchen sink; and window does not close
12- Dishwasher was not working.
13- The water heater's electrical wire's (storage) door did not close.

Interview on at 3:00 pm the Administrator stated that the facility needed to be repaired; however, he stated that it will take time.

Class III

0160 Records - Facility

Based on record review and interview the facility failed to have an updated Admission/Discharge log.

Findings included:

Record review on revealed Admission/Discharge log was not updated, and it did not have two residents (#1 and 6) listed.

An interview on at 11:00 am the Administrator confirmed that those documents were not updated.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview the facility failed to report an incident after the occurrence of an adverse incident for 1 of 5 (#1) residents sampled.

Findings included:

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Record review on revealed a police report card in Resident #1's file with the following: Case # 2015-008508 dated on as missing person completed by an officer. Record review revealed the facility did not complete a 1 Day & 15 Day Adverse Incident Form & Facility Accident Incident Form for Resident #1 who has a history of leaving the facility without notifying staff.
Interview on at 10:34 am - 3:00 pm the Administrator stated, "I called the police after wandering, and I fill a police report, but I was not aware that I needed to file an incident report or notify the Agency for Health Care Administration." The Administrator also stated, "Resident #1 left because he did not want to be here, and he comes back in two weeks."
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
My Home Alf, Inc
290 Nw 188th Street
Miami, FL 33169
RE: CCR #2015009558

Dear Administrator:

This letter reports the findings of a complaint licensure survey that was conducted on 9, 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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