STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965261	R 12/03/2015
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 2nd revisit survey was conducted on / and concluded 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 five sampled residents (Residents #2 and #3) were treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
Findings included:
Observation on / at 7:30 am found Resident #3 sleeping on the sofa in the living .
Resident #3 declined to be interviewed on / .
Observations on / at 7:30 am showed Staff A walking to #2 and woke Resident #2 (female resident). Staff A made Resident #2 get out of bed from #2. Observed Resident #2 sleeping in #2, which it was not her #2 belonged to Resident #4 (a male resident).
Interview on / at 7:35 am Staff A stated, " Resident #2 loves to sleep in this (#2), and she transfers to this the night."
Interview on / at 7:36 am Resident #4 stated, "This is my , but a person that I do not know comes at night to sleep."
Interview on / at 8:30 am the Administrator stated, "Resident #2 is my aunt, and she likes to go to that sleep. Every time I speak with her; she starts to cry."
Uncorrected Class III

0162 Records - Resident

Based on observation, record review, and interview the facility failed to have documentation of health care surrogate, guardian, or power of attorney for one out five (# 1) sampled residents.

Findings included:
Record review on / revealed Resident #1's entire record was signed by her family member (niece) on ; however, there was no proof of a health care surrogate, guardian, and/or power of attorney at time of survey.
Interview on / at 8:00 AM the Administrator stated, "Resident #1's niece went to Colombia on a family emergency; however, she came back and sign resident #1's file but Resident #1's niece does not have a power of attorney here, yet."
Uncorrected Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11965261

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/3/2015

Name of Facility
NEW HOME SENIOR CARE, INC

Street Address, City, State, Zip Code
73 EAST 47 STREET
HIALEAH, FL 33013

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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0079** Reg. # **58A-5.019(3) FAC** LSC	Correction Completed	ID Prefix **AZ827** Reg. # **408.812, FS** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	**Reviewed By** [signature]	**Date:** 12/8/15	**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
New Home Senior Care, Inc
73 East 47 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a **second** Standard Biennial Licensure Revisit Survey completed on 3, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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

YOSF

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com