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 Second Revisit Survey was conducted on 12/09/15. My Home ALF, Inc had deficiencies identified at the time of the survey.

0054 Medication - Records

Based on observations, record review, and interviews the facility failed to ensure 6 of 6 (#2, #3, #4, #5, #6 and #7) sampled residents had medication observation records (MORs) that were maintained and available for review.

Findings included:

Observations on at 12:15 PM found the facility had medications stored in a cabinet for Residents #2, #3, #4, #5, #6, and #7.

Record review on found the facility did not have MORs for the month of for Residents #3, #4, #5, and #6.

Record review also found the facility failed to initial the MORs on / / for Residents #2, #3, #4, #5 and #7. Residents #2 and #7 MORs were also not initialed on .

On / at 12:36 PM the MORs were reviewed with the Administrator for and . The Administrator stated that the MORs for the month of were not sent by the pharmacy for the residents and confirmed the residents did not have MORs for the month of . He also confirmed the MORs were not initialed on / .

Uncorrected 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 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:

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

Arrived to the facility on at 9:30 AM, observations found Employee C alone caring for a census of 6 residents.

Record review found the facility's schedule showed Employee C worked the overnight shift (12 AM to 8 AM). Record review revealed Employee C 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.

Interview with the Administrator on / at 1:34 PM revealed Employee C had a local background screening with the police department, he confirmed Employee C did not have a level II background screening.

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.

On at 1:34 PM the background screening sheets for the Administrator and Staff A were shown to the Administrator which stated "awaiting privacy policy." The Administrator acknowledged both sheets did not have the background screening results.

Unclassified Deficiency

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11953319	A. Building B. Wing	12/9/2015

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 **A0083** Reg. # **58A-5.0191(4) FAC** LSC		ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC		ID Prefix **A0161** Reg. # **429.275(2) FS; 58A-5.024(2** 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	
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:** 12/14/15	**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 **second** Standard Biennial Licensure Revisit Survey conducted on 9, 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

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