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 complaint (CCR #2015009558) survey revisit was conducted on , 2015 and concluded on , 2015. My Home ALF had deficiencies identified at the time of the survey.

0010 Admissions - Continued Residency

Based on observation, interview, and record review, the facility failed to follow the doctor's discharge orders for one out of seven (#5) sampled residents at risk for , . The facility also failed to ensure that a resident meets continued residency criteria for one out of seven (#5) sampled residents.

Findings included:

Interview with the Administrator on / at 11:42 AM revealed, Resident #5 had the tube (endoscopic , a procedure in which a flexible feeding tube is placed through the wall and into the stomach. The allows nutrition, fluids and/or medications to be put directly into the stomach, the mouth and) prior to being admitted to the hospital. The administrator, stated Resident #5 used the tube while in the hospital. The resident went to the hospital from / to . The Administrator reported, Resident #5 used to receive hospice services, but she was discharged from hospice when she went to the hospital. He also reported, Resident #5 received home health services to check on the tube, but they have not come since she was discharged from the hospital. He stated, that Resident #5 had the tube, but she did not use it because she ate by mouth, she cannot drink liquids fast.

Record review of Resident #5's file revealed, Resident #5 received hospice services starting on and was discharged on /. Resident #5's primary diagnosis with hospice was and co-existing diagnoses were in conditions classified elsewhere without behavioral disturbance, and . The Physician's plan of care signed on / indicated NPO (Nothing by mouth) and the following medications were ordered via tube: 325 mg (milligrams) tablet by tube daily, 25 mg tablet by tube daily, suspension 500 mg/5 ml (milliliters) by tube twice a day for five days, 100 mg capsule by tube twice a day as needed for , 25 mg tablet by tube daily, K-Dur 10 mEq (milli-equivalents) tablet by tube daily, 500 mg suspension for reconstitution tablet by tube every 12 hours for 5 days, 50 mcg tablet by tube daily, 10 mg tablet by tube twice a day, 10 mg tablet by tube daily, 20 mg tablet by tube twice a day as needed for stomach pain, 450 mg tablet by tube 1/2 tablet in the afternoon and 1 tablet at bedtime, 40 mg tablet by tube at bedtime, 54 mg tablet by tube daily. A Modified verbal doctor order received on by the hospice's registered nurse and signed

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by the hospice medical doctor on / revealed an order to take 5 cans of Jevity 1.2 Cal ml by G-tube daily as directed: 2 cans am (In the morning), 1 can mid day and 2 cans pm (In the afternoon). A Modified verbal doctor order received on by the hospice's registered nurse and signed by the hospice medical doctor on revealed, an order for 325 mg tablet by mouth daily, Jevity 1.2 Cal/ml by mouth as directed: mixed with thickener, add to puree, 50 mcg tablet by mouth daily. Resident #5's discharge/transfer summary from hospice revealed the reason for discharge was patient/family chose to revoke hospice benefit.

Record review of Resident #5's home health record revealed, that Resident #5 was evaluated for home health services on / and the Administrator refused to administer the tube feeding. The Administrator wanted to feed Resident #5 with puree food and refused the skill nurse visit. The Doctor's order for Resident #5 provided at the time of discharge from the hospital on revealed, Jevity 1.5 x 250 ml four times a day (8 AM, noon, 4 PM and 8 PM) and flush with 100 ml pre and post bolus feeding. Resident #5 also had a doctor's order, provided at the time of discharge from the hospital on for a registered nurse to evaluate and treat, to instruct Assisted Living Facility in use of tube feeding, do not feed or give pills by mouth.

Observations on at 11:48 AM revealed, Resident #5 was in the dining in a wheelchair. The Administrator pushed Resident #5's wheelchair into #. The Administrator assisted Resident #5 with transferring from the wheelchair to the bed. As Resident #5 laid on her bed, the Administrator showed the tube site and dressing. Resident #5's tub site had a dressing around it on her abdomen.

Interview with the Administrator on at 11:48 AM revealed, he changed Resident #5's dressing and placed a new dressing every few days around the tube site. He did not have an order for care dressings and he was not a licensed nurse. He reported the facility was not feeding Resident #5 through the tube. Interview on at 12:00 PM the Administrator stated that he is the health surrogate and payee for Resident #5.

Interview with the Administrator on / at 12:21 PM revealed, Resident #5 has always taken medicines by mouth, no one told him to give medicines via the tube. The facility administrator was questioned regarding Resident #5 receiving Jevity (a calorically dense feeding tube formula with a unique blend). The Administrator reported, staff gave the Jevity with cereal by mouth to Resident #5.

Interview with the Administrator on at 1:36 PM revealed, Resident #5 went to the hospital for a suspicious on /, but it was not documented in the facility's records.

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Record review of Resident #5's file revealed, a progress note dated on documented Resident #5 was sent to the hospital due to having trouble swallowing. A progress note dated on revealed, Resident #5 was back from the hospital. A progress note dated on / revealed, Resident #5 was eating solids slowly and had trouble swallowing liquids and "Hospital put a Tube in her but facility did not have the time or staff to sit and feed Resident #5. "

Observation on at 1:22 PM found Employee C feeding Resident #5 a puree meal.

Record review found the facility did not have a doctor's order for a puree diet for Resident #5.

In an interview with the Administrator on at 1:24 PM revealed, the puree was made of vegetables and tomatoes.

Class II

0025 Resident Care - Supervision

Based on record review and interview the facility failed to have written documentation for two out of seven (#1 and 5) sampled residents after significant changes in their health and behavior.
Findings included:
Interview with the Administrator on at 11:10 AM revealed Resident #1's behavior was erratic. While at the facility he locked himself in the , he broke the , and broke a window at the facility. Resident #1 was complaining of hearing voices.
Record review found the facility did not have any documentation Resident #1's behavior changes in the facility. The facility did not have any documentation that Resident #1's doctor was called to assess him.

During the facility tour on at 10:00 am the Administrator stated, "Resident #5 is not using the tub anymore."
Record review found the facility did not document that Resident #5 went to the hospital in . The facility also did not document that Resident #5 was no longer receiving hospice services and that there was a change in her diet.
Record review on revealed Resident #5's progress notes stated the following:
On sent to hospital having trouble swallowing.
On back from the hospital.
On / / resident is eating solids slowly and has trouble swallowing liquids. Hospital put a Tube in her because they don't have the time or staff to sit and feed her.
Record review on revealed Administrator notes on calendar reflected that Resident #5 was

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admitted on 21 and discharge on 29, 2015.
Uncorrected Class III

0051 Medication - Pill Organizers

Based on observations and interview the facility failed to ensure that pill organizers are managed by a nurse. The facility also failed to ensure that residents that self-administered medications used pill organizers.

Findings included:

Observations on at 12:15 PM found the facility had medications stored in a cabinet for the Residents. Further observations found Residents #3, #5, #4, #6,#7 had weekly pill organizers prepared with medications.

Interview with the Administrator on at 12:15 PM revealed that he prepared the pill organizers for the residents. He confirmed that the facility stored the medications for the residents and also that some of the residents did not self administer their medications.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to provide proper assistance with self-administration of medication for one out of six (#3) sampled residents.
Findings included:
Observation on / at 1:25 pm revealed the Administrator took a pill organizer and pureed medications into a disposable /plastic cup for Resident #3 and walked to the dining area. The Administrator took the cup with the pills and placed it next to Resident #3. Resident #3 then takes the cup and swallows all the pills and the Administrator walks away.
The facility did not have a medication observation record (MOR) for Resident #3 and also, the Administrator did not tell Resident #3 which medication he was taking.
Interview on at 1:40 PM the Administrator confirmed that he did not explain the medications process to Resident #3. Administrator also stated, " I do not have the MOR in the facility; I am waiting on the pharmacy. I have no MORs for the month of . "
Uncorrected Class III

0055 Medication - Storage and Disposal

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Based on observations and interview the facility failed to keep one out of seven (#4) sampled residents' medication locked when the resident was not in the shared .

Finding included:

Facility tour on at 9:45 AM found multiple over the counter medications and eye drops on top of the bedside dresser for Resident #4 who shared the another resident. Resident #4 was absent from the .

Interview with the Administrator on at 9:45 AM acknowledged Resident #4's medications were on the dresser and the resident was not in the .

Uncorrected 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. The facility also failed to have a minimum of 212 staffing hours for a census of 6 residents.

Finding included:

Observations on at 9:45 AM found Staff C working alone caring for a census of 6 residents.

The facility's staff schedule for the , documented on Wednesdays Staff B was scheduled to work 8 AM-4 PM; the Administrator was scheduled to work 4 PM to 12 AM; and Staff C was scheduled to work 12 AM to 8 AM. The staff schedule for was for 168 hours per week instead of the minimum of 212 staffing hours for a census of 6 residents.
Interview with the Administrator on at 1:34 PM, he reviewed the staff schedule and acknowledge the staff hours were 168 hours and the staffing pattern was not followed.
Uncorrected Class III

0125 Fiscal - Surety Bonds

Based on record review and interview, the facility failed to have a surety bond with the minimum bond proceeds that equal twice the value of the residents' monthly aggregate income for two out of seven (#4 and 5) sampled residents.

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Findings included:

Record review on revealed facility's surety bond was dated from - . The facility did not have any documentation that the bond was renewed.
Interview on at 12:00 PM the Administrator stated that he is the representative payee of Resident #5, and that he has a surety bond.
Record review revealed facility's bank account statements for and 2015 showed the following
Resident #4 VACP Benef VACP TREAS for $ 1,883.00 plus SSA for $918.00
Resident #5 10/2/ SSA for $1, 374.00
Resident #4 VA Benef VACP TREAS for $1,058.00 plus / SOC SEC SSA for $918.00
Resident #5 / SOC SEC SSA for $1,374.00
A review of the provider's surety bond revealed it is in the amount of $5,000.00 which is less than twice the value of the Residents #4 and #5's monthly incomes.

Uncorrected Class III

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 complaint revisit survey concluded on , 2015 by 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 , 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. 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
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

significant changes in the resident's status and correspondence with all medical and service providers and responsible parties. Any care services provided by the facility should be documented in the resident's medical record. **This shall be completed by** [illegible].

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Laura Manville, Survey and Certification Support Branch, at (727) 552-1955 or Verlande Exil, Health Facility Evaluator Supervisor, Miami, (305) 593-3100

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve

D7JR

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 complaint revisit survey conducted on and concluded on , by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within ten days of receipt of this report.

The survey resulted in findings of non-compliance in the following areas:

A 010 – Admission – Continued Residency – Class II – Your Assisted Living Facility failed to follow tasks and fully implement a hospital discharge plan to ensure the needs of a resident with a (endoscopic) tube were met, including the need for skill nursing services to provide feedings.

Directed Corrective Actions:

1) Your facility must create and implement a formal policy regarding assessment for admission and continued residency to include how your facility's assessment and ability to meet the resident needs will be included in the resident record. No residents whose care and needs outside the scope of an assisted living facility standard license may be admitted. This must include, at a minimum, the following components:

   - How residents will be assessed prior to admission for appropriateness for residency.
   - Procedures for documenting changes in condition, contact with medical and service providers and communication between staff regarding resident status.
   - How the facility will communicate with hospice and other third party providers regarding changes in residents' condition. **This shall be completed by** .

2) All residents currently residing in the facility are required to have new updated health assessments indicating their appropriateness for continued residency in the facility. The facility must have a complete record of each resident of the facility, including an updated complete health assessment for each resident (AHCA form 1823) completed by a medical provider. The resident record must also contain documentation of all

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