

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/15/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965261	(X3) DATE SURVEY COMPLETED R
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 Third Revisit survey was conducted on 08/09/2016 at New Home Senior Care, Inc. (License #9719) with Limited Mental Health and Limited Nursing Service components. The following deficiencies were identified at the time of survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview the facility failed to honor the rights of 1 out of 6 (Residents #1 and #2) sampled residents. The facility failed to limit physical to half (1/2) bed rails for 1 out of 6 (#4) sampled residents.

Findings included:

Observations on at 9:20 am during the facility tour showed Resident #4 lying in bed with half side bed rails up attached to the bed plus a portable commode and a wheelchair blocking the end of the bed. Resident #4 was not available to get out of bed without assistance.

Observations on at 10:00 am found Resident #4 used the commode in #, while Resident #1 was also laid on bed in the same .

Interviewed on at 11:30 am, the Administrator acknowledged that Resident #4 had half bed rails attached with wheelchair and a potable commode against Resident #4's bed. The Administrator stated, "the daughter of Resident #4 put it; I have nothing to do with that."

Uncorrected Class III

Z816 Background Screening-Compliance Attestation

Based on observation, record review, and interview the facility failed to have a signed attestation of compliance for 1 out of 4 (Staff D) sampled staff and failed to have proof that the staff did not have a break in service.

Findings included:

Record review revealed the facility's staffing pattern posted on board had Staff D listed.

Record review found Staff D's last Level II background screening was dated . I. Staff D's

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employment application documented the staff member started working in the facility on . The facility did not have proof that Staff D did not have a break in service or a signed attestation of compliance form on file. Interview on : at 11:43 am the Administrator stated, "Staff D works in the facility and her background screening is not update, I will print a update one." Unclassified		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11965261	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 Y3
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NAME OF FACILITY NEW HOME SENIOR CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 73 EAST 47 STREET HIALEAH, FL 33013
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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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0162	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 58A-5.024(3) FAC	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) 	DATE 8/15/14	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/30/2015		☐ 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

August 11, 2016

Administrator
New Home Senior Care, Inc
73 East 47 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a Standard Biennial third revisit survey conducted on 9, 2016 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.

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. 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

